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FRIENDLY EXPANSES—HORRID EMPTY SPACES [1]

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I. Introduction

To help my readers to follow the argument of this paper in its many ramifications and side issues, I wish to start by stating the main theme in a condensed form. In studying our patients, or indeed man in general, two types emerge. I will quote a concrete instance of each of these types. The first is that of a young student, intelligent, artistic, and well-read. She always collected something, books, gramophone records, embroideries, art reproductions, and so on. People meant a great deal to her; she had friends all over the world, white and coloured, young and old, persons of high social position and simple folk. All of them had to help her in some respect or other, and all were willing to do so, at least for quite a time. This was vitally important to her, as she simply could not live alone. There constantly had to be someone, not necessarily the same person, to whom she could turn for sympathy, understanding, and help, if she came up against a difficulty—and difficulties she had in plenty. It did not matter who the person was—an ambassador of a great power or a penniless coloured student from the Gold Coast, one of our leading literary lights, an O.M., or the young secretary-typist of her professor—all had to be there in their turn to listen to her, to look after her—and they all did so. Her internal life was in harmony with the outward events; she had always recently received from someone an idea which explained practically everything. Although each such idea gave way in its turn to another, her faithfulness to the idea of the day remained the same. Obviously both people and ideas let her down time and again, but this did not change her, either in her confidence or in her need. She needed objects, both physical and human; she simply could not live without them.

The other patient, also a young woman, a doctor, never wanted to have a home. Since her late student days she had gone from one resident post to another, feeling all her possessions to be a burden. Finally, as a generous compromise, she agreed with herself to tolerate as many personal belongings as two suitcases could hold. They were suitcases of very moderate size, because one condition of the agreement was that in an emergency she should be able to pick them up herself and walk away with them. She spoke and read about six languages, and was a voracious reader, but she had to get rid of her books one after another as they were considered as overweight. She had an uncanny power of winning people's affection, confidence, and deep gratitude; she was really a perfect listener, saying only the right word at the right time. Many people, from royalty to railway porters, from professors of medicine to laboratory stewards, called her their friend and would have done anything for her if she had but asked them. Several men asked her to marry them; she always got out of it, but remained the trusted friend of them all for life. Eventually she became a psychiatrist, and mute catatonics, silent for more than a decade, came and sat down with her to talk. She hated artificial feeding for more than one reason, and patients who had to be held down by three or four nurses every evening to be tube fed, came with her to the table and ate their meals peacefully, cursing all the other stupid people who, instead of understanding them, used force to no purpose.

[1] An abridged version of this paper was presented to the British Psycho-Analytical Society on 20 October, 1954.

Although she did not refuse social invitations, leading in fact a varied and busy social life, she was happiest when left alone, especially if she could feel that, for some days at least, no one would need her to sort out some emotional problem. She adored long walks, but hated it if anyone tried to accompany her. Early in life she had made the discovery that it is a bad bargain to be unkind to people; they would then hate her and never leave her alone. So she developed an admirable skill in dealing with people who needed her, but only so that she might be left at peace afterwards. Objects, both human and physical, were a nuisance to her, though admittedly an interesting and amusing nuisance and an ever-new challenge to her skill to which she never failed to respond. She accepted her successes with some pride and satisfaction, and then got away as painlessly and speedily as possible.

It is true that both these women were ill, even very ill. To understand and to describe the difference between them we would need many words and several phrases. And even then the difference, instead of being clearly worked out, would somehow be, as it were, explained away. Very probably, instead of giving a clear-cut picture, many words would obscure the essence of the difference. This difference will be the main topic of this paper, and I shall try to keep it right in the focus of my argument. Should my train of thought prove too tortuous for my readers, this difference may serve as a beacon of orientation.

The ideas centring round this kind of difference have been puzzling me for many years, but have proved until recently too elusive. Finally some experiences in fun fairs seemed to afford a kind of Ariadne's thread by which to find my way out of the labyrinth. In this paper I shall discuss only one class of amusements met in fun fairs. This class, consisting of swings, switchbacks, and roundabouts, is connected with some temporary loss of equilibrium, that is, a temporary and limited loss of security.

In general two attitudes towards these amusements can be observed. One type of person enjoys them immensely, seeks them out, and is willing to pay for them. The other type hates and fears them; they may even make him sick.

Reactions to such impairment of security, or in fact to any danger to physical security, are likewise of two different kinds. One type of person is stimulated by any impairment of security to the acquisition of new skills for coping with that particular form of impairment. People belonging to this group keep their eyes open, try to face the oncoming danger, and watch for possible clues to overcome it. People of the other group tend to turn away, shut their eyes, and, with increasing impairment, to cling to a firm and safe object. First they use their hands, later they have to crouch or sit down, and finally to press their whole body against whatever such object is available.

In those who can enjoy this kind of amusement we can study what might be called a three-act drama. To begin with they are in a state of security which, however, in the second act, is deliberately and intentionally abandoned, in order that they may be exposed to hazards, whilst all the time feeling confident that in the third act they will be able to return to safety unharmed.

This mixture of fear, pleasure, and hopeful confidence in face of an externally dangerous situation constitutes the principal element of all thrills.

Let us briefly examine in what way other thrills resemble those offered in fun fairs. Some are connected with *high speed*, as in all kinds of racing, horse racing, motor racing, skating, ski-ing, tobogganning, sailing, flying, and so on. Others are connected with *exposed situations*, such as various forms of jumping and diving, rock climbing, taming wild animals, travelling into unknown lands, etc. Lastly, there is a group of thrills which are connected with *unfamiliar* or even *completely new satisfactions*, in the form either of a new object or of an unfamiliar method of pleasure. The obvious new object is a virgin, and it is amazing how many of the thrills claim this adjective. We speak of virgin land, a virgin peak, or a virginal route to a peak, and so on. On the whole any new sexual partner is a thrill, especially if he or she belongs to another race, colour, or creed. The new forms of pleasure include among others new foods, new clothes, new customs, and extend to new forms of 'perverse' sexual activities. In all these phenomena we find the same three factors described above, the objective external danger giving rise to fear, the voluntary and deliberate exposure of oneself to it, and the confident hope that all will turn out well in the end.

The third group of thrills, much more primitive and general but no less important, is made up of the various forms of children's games. The majority of them are built on the same

three factors. A typical example must suffice for innumerable others—Tom Tiddler's Ground. It is most significant that in practically all games of this kind the place of security is called either 'house' or 'home'. This holds good not only in English but for all the languages known to me. All these games consist of (*a*) an external danger, represented by the catcher, the seeker, the chaser; (*b*) the other players leaving the zone of security, the 'home', and deliberately accepting the exposure to danger, in (*c*) the confident hope that somehow or other they will reach security again. There are innumerable games of this kind; blind man's buff, hide and seek, tig, rounders, musical chairs, oranges and lemons, to quote a few, and not forgetting cricket, where on the whole runs can be scored only by leaving the safe zone.

Lastly we have the professionals, who are paid for the skill which causes thrills to the spectators and possibly to themselves also. They are called *acrobats*. They belong to a very venerable profession already represented on old Greek vases and possibly even on frescoes found at Knossos and dating back to 1600 B.C. Their performances are amazingly varied, some forms of them of great antiquity, seen and admired in the Roman circus, among others tight-rope walkers (*funambuli*), bareback riders (*desultores*), tumblers, jugglers, and possibly contortionists, etc. In more modern times they have mastered the fixed and the flying trapeze, the unsupported ladder, and so on.

The psychology of these thrills has not been studied to any extent, and it is no wonder, therefore, that our terminology, based mainly on early 'oral' experiences, is found badly lacking when we attempt to describe these phenomena. In order to be able to discuss them I propose to coin two new terms. Greek scholars among my readers will know that 'acrobat' means literally 'one who walks on his toes', i.e. away from the safe earth. Taking this word as my model I shall use 'philobat' to describe one who enjoys such thrills, from which can easily be formed the adjective 'philobatic' to describe the pleasures and activities, and the abstract noun 'philobatism' to refer to the whole field. We need another term to describe the apparent opposite of a philobat, one who cannot stand swings and switchbacks, who prefers to clutch at something firm when his security is in any way endangered. For this I propose 'ocnophil', derived from the Greek word ὀκνέω, meaning 'to shrink, to hesitate, to hang back'. Hence we get the adjective 'ocnophilic' and the abstract noun 'ocnophilia'.[2]

Let us now sum up briefly the attitudes of these two kinds of people. The philobat is alone, relying on his own resources. The thrill that he himself or those who watch him experience is the greater (*a*) the longer his exposure, (*b*) the more tenuous his connexion with the safety zone which, in the ultimate analysis, is the safe earth, and (*c*) the less the equipment he uses to cope with the danger.

It is easy to show that both the safety zone and the equipment, which, by the way, he usually holds in his hands, are symbolical equivalents of the safe mother on the one hand and of the potent, erect phallus on the other. It is equally easy to show that in this layer of the mind the philobatic thrill is the symbolic representation of the primal scene and the forbidden incest. In any case it is definitely a heroic act.

Further, the emotional attitude of the philobat to the safety zone, i.e. to mother earth, is always highly ambivalent. On the one hand it offers him the embracing peace of security. On the other it exerts on him a highly dangerous attraction, both physically and psychologically, which must be constantly watched because giving in to it lightly will almost certainly lead to dire consequences.

The ocnophil's attitude is equally ambivalent. If in danger, his firm and protective object is all-important. All the time, however, the ocnophil has to struggle with the fear that that object might fail him. It might either turn out not to be safe and firm enough, or might indifferently or even maliciously drop or abandon him. His clinging is therefore both an expression of this kind of fear and a defence against it.

To avoid misunderstanding I wish to stress two points. One is that these two attitudes, ocnophilia and philobatism, are not confined to the external physical world. People show the same kinds of attitudes towards their internal objects and internal mental dangers. I have decided to discuss the physical sphere only because it is much easier to find language to describe it. Everything that I have said and

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[2] I wish to express my gratitude to David Eichholz of Bristol University who, greatly amused by my efforts to find suitable words for my ideas, helped me to devise these two terms.

shall say should be understood as including both mental philobatism and mental ocnophilia as well. The second point is that in my discussion I have used extreme cases which, of course, are rare. In most people we find a mixture of these two attitudes in various proportions, one attitude often being used to overcompensate or mitigate the other.

Now a few words about the ocnophil's and the philobat's relation to objects, both external and internal, the kinds of fears and anxieties encountered, and the methods of coping with them.

First let us take ocnophilia, where some object relation is unconditional and the involvement of fear obvious. This state of affairs is admirably expressed by the Greek word ὀκνέω which I have chosen to describe it. Its meaning is ' to cling to, to shrink, to hesitate, to hang back ', with the implicit meaning that this happens because of fear, shame, or pity. Obviously there must be an object available which can be clung to. Accordingly the ocnophilic world consists of objects, separated by horrid empty spaces. The ocnophilic individual lives from object to object, cutting his sojourns in the empty spaces as short as possible. Fear is provoked by leaving the objects, and allayed by rejoining them.

The actual relation to the objects is very primitive. Quite often we find obvious signs that the relation affects only the part that is clung to, and does not necessarily include the whole object. ' A drowning man will clutch at a straw ' admirably describes this attitude, and it is well worth noting that this proverb is truly international. The reaction of an ocnophilic man in the face of fear shows perhaps most clearly the persistence of part objects in an adult. As in every case of really primitive object relationship, there are to be found in the relations to ocnophilic objects all the features described as characteristic of primary love.[3]

The demand for the object is absolute. If the need is felt, the object must needs be there; moreover in the state of need no regard, consideration, or concern can be paid to the object; it is simply taken for granted. In other words, this means that the relation to this, ocnophilic, object is definitely pre-depressive.

For the philobat, the whole world is quite different. Provided the elements are not too cruel, e.g. no storm or gale is raging, the pilot is quite safe in the skies, the sailor on the high seas, the skier on the slopes, the driver on the open road, the parachutist in the air. Danger and fear are evoked only if an object appears that has to be negotiated; the pilot has to take off or land; the sailor has to take his ship into or out of harbour; the skier has to negotiate rocks, trees, or crevasses; the driver other cars or pedestrians on the road; the parachutist has to jump off or land. We may therefore say that the philobatic world consists of friendly expanses dotted more or less densely with dangerous and unpredictable objects. One lives in the friendly expanses, carefully avoiding hazardous contacts with potentially dangerous objects. Whereas the ocnophilic world is structured by physical proximity and touch, the philobatic world is structured by safe distance and sight.

Whereas the ocnophil lives in the illusion that as long as he is in touch with the safe object he is himself safe, the philobat's illusion is that apart from his own proper equipment he needs no object, certainly no one particular object. The ocnophil is confident that his chosen object will ' click in ' with him and protect him against the empty, unfamiliar, and possibly dangerous world; the philobat feels that using his equipment he can certainly cope with any situation; the world as a whole will ' click in ' and he will be able to avoid the treacherous objects. While the ocnophil has to presume that he can win the favour and partiality of his object, the philobat feels that it is within his power to conquer ' the world ' without relying on untrustworthy individual objects. On this point he is perhaps unduly optimistic, confident, and trusting, both with regard to the clemency of the elements and the extent of his own skill. His optimism is limited only by his need, an almost compelling need, to watch the world around him; a need, it is true, leading to a great variety of pleasures. As already mentioned, the philobatic world is structured by safe distance and sight. This need to watch is a true counterpart of the ocnophil's compelling need to touch.

The relation of these two attitudes to reality testing is also rather peculiar. In a way their reality testing is both correct and faulty at the same time. For instance, they both agree that roundabouts or precipices belong to the external world and are real objects, not hallucinations. So far both are right. But for the ocnophil roundabouts and precipices are horrid, for the philobat enjoyable and thrilling. Their experi-

[3] See my book, *Primary Love and Psycho-Analytic Technique*. (London: Hogarth Press, 1952.)

ences in this field are absolutely convincing, and if they repeat the experiences they invariably come to the same result, namely that roundabouts are horrid for the ocnophil, and enjoyable for the philobat. The dynamic mechanism of this faulty reality testing is the mixing up of internal and external realities, and then the projecting the internal reality on to the object. The pattern is something like this: 'I feel thrilled—high diving boards are enjoyable and thrilling.' 'I feel frightened or even sick—precipices are horrid.' [4]

II. Flying Dreams and the Dream Screen

I wish to emphasize that up to this point only experiences with grown-ups have been used. This means that all the observations on which my arguments were based can be easily verified or refuted in analytic practice. It is only at this point that I have to go farther and use my findings to infer from them what might happen in pre-verbal periods, that is in early childhood and in deeply regressed states.

This is a more uncertain, more controversial, field, as we all know. The cause of this uncertainty is the dependence of the subject, baby or patient, on his environment, that is on the observer. In both situations—earliest childhood, highly regressed patient—the dependence on the environment is an essential factor, and if we were to try to avoid or overcome it we should destroy exactly what we set out to observe. Conversely it means that a highly important constituent of what we observe is our own contribution. Moreover, the younger the baby, or the more regressed the patient, the more important we are for him, and the greater will be the influence of our emotional attitude, of our theoretical expectations as to what will happen in these highly dependent states. An awkward enough situation, which is made still more awkward by the fact that the most important part of our contribution must inevitably come from our own unconscious. Being scientifically detached or consciously controlled may thwart, by the lack of emotional spontaneity, the development of the very thing we want to observe; on the other hand, being led by our unconscious expectations and not keeping an eye on our repressed instinctual urges, which might easily get stirred up by someone so completely dependent on us, we may be induced to find confirmations by creating them ourselves.

In addition, the young baby and the regressed patient live in a pre-verbal state, and thus we, who set out to be emotionally uninvolved scientific observers, become not only participants and partners, but also interpreter-informants, and finally translators. This too is an unavoidable complication, as pre-verbal experiences form the main interests of these situations. It is we who have to translate into adult, scientifically exact words emotional expressions which have not yet settled down to a conventional vocabulary or to an easily recognizable grammar. By vocabulary I mean the set of technical terms familiar to the observer, and by grammar the mental mechanisms which, according to his theory, regulate and explain those primitive processes. Obviously very few technical terms or theoretical explanations will be used in the nursery or in the analyst's consulting room, perhaps even none at all; still, every utterance, communication, sign of understanding or of lack of understanding on the observer's part, will be influenced by this kind of vocabulary and grammar—just as our speech and thinking is determined by our mother tongue.

Inevitably both the vocabulary and the grammar used to describe the experiences in these states will be our own. Anyone who has tried to express in one adult language ideas conceived in another knows how much gets lost from, and how much has to be added to, the original in order to make it understandable in its second garb. The more emotionally charged the communication, the more difficult the translation becomes, as is convincingly demonstrated by the well-nigh impossibility of translating true lyric poetry. Now experiences in pre-verbal states, either infantile or regressed, are, of necessity, highly emotionally charged and—to make things still more difficult—have as yet not even been expressed in any adult language.

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[4] I wish to record my great indebtedness to three authors whose work is most important for the ideas expressed in this paper. Sándor Ferenczi, and especially his mostly misunderstood and still not fully recognized book, *Thalassa* (German original, 1924; English translation, The Psychoanalytic Quarterly Inc., 1937), opened for me the great possibilities of 'bio-analysis' and suggested the idea of the 'friendly expanses' as the most primitive form of relationship to the environment. Then comes Alice Balint's paper on 'Mother Love and Love for the Mother' (*Int. J. Psycho-Anal.*, **30**, 1949; German original, *Int. Z. f. Psa.*, **24**, 1939), one of the most important contributions to our understanding of the mother-child relation, and her forgotten short paper on 'The Fear of being Dropped' (*Z. f. psa. Paed.*, **7**, 1933). And lastly, Imre Hermann, who in several papers (e.g. *Int. Z. f. Psa.*, **22**, 1936; **26**, 1941) called our attention to the crucial rôle of the hands and of clinging in the development of human relations.

And lastly, in addition to our being participating partners, interpreter-informers and translators, we end up by becoming equally inevitably teachers and educators as well. Both the baby and the regressed patient in the end have no choice but to learn to speak the language—i.e. vocabulary and grammar—of the adult on whom they are dependent, the baby for his life, the regressed patient for his restoration.

To show the difficulties facing a research worker studying the phenomena of these primitive states, and how much his own personality will influence the ways in which he describes his experiences, may I quote Freud and the history of the flying dreams. Freud is still unsurpassed as a source of information for personal involvement. After innumerable similar experiences it is still profoundly moving to encounter again and again his apparently merciless scientific honesty and unlimited sincerity. From his descriptions we can see clearly what it was that he observed and what motives led him to describe it in that particular way.

As early as the first edition of his *Interpretation of Dreams* Freud mentioned that a number of people have dreams of flying through the air. He called these dreams 'Flugträume'. This description is rather misleading, as in such dreams no effort at all is experienced; the locomotion happens with the greatest of ease, in a most pleasant form, and immediately any wish for it is experienced. A better description would be 'floating dreams', as the experience of weight to be carried, to be moved, is completely or almost completely absent. Freud classed these dreams among the typical dreams which 'presumably arise from the same sources in every case' (p. 241).[5] This common source, according to Freud, is to be found in childhood games 'involving movements which are extraordinarily attractive to children' (*op. cit.*, p. 393). In later editions to this source were added the sensations of erection and memories of the primal scene (*op. cit.*, p. 272). Although it was Freud who first pointed out that water in dreams symbolically represents birth and intra-uterine existence, he never—as far as I know—related flying dreams and intra-uterine existence to each other.

Characteristically, he recorded frankly that he personally had no experience of such dreams, a fact which we now might possibly bring into connexion with his well-known slight anxiety neurosis, especially his 'Reisefieber'. This lack of direct experience might contribute also to the explanation of the curious history of the passages describing these dreams in the subsequent editions of the *Interpretation of Dreams*. First they were printed in Chapter V, Section D; then, after some additions, transferred to Chapter VI, Section E; and lastly, since the 1930 edition, in *both* places, although in somewhat different forms. (See *op. cit.*, pp. xiii and 271, Editor's notes.)

A further important point is that although in 1930—for the last time—Freud revised the whole book and especially Chapters V and VI, he did not consider it necessary to mention the ideas published in Ferenczi's *Thalassa* [6] in 1924, which threw new light on the 'Flugträume', although on every other point of the book Freud conscientiously recorded every important new contribution made by analysts.

Perhaps we can obtain some enlightenment on why all this happened from Freud's personal attitude to the 'oceanic' feeling which he described in 1928. Relating it to a suggestion by Romain Rolland, Freud wrote: 'This consists in a peculiar feeling, which never leaves him (i.e. Romain Rolland) personally, which he finds shared by many others, and which he may suppose millions more also experience. It is a feeling which he would like to call a sensation of 'eternity', a feeling as of something limitless, unbounded, something 'oceanic'. It is, he says, a purely subjective experience, not an article of belief' (p. 8).[7] Freud adds that he cannot discover this oceanic feeling in himself, but then tries to describe it somewhat ironically in his own words: 'If I have understood my friend aright he means the same thing as that consolation offered by an original and somewhat unconventional writer to his hero, contemplating suicide: "Out of this world we cannot fall."' [8] So it is a feeling of indissoluble connexion, of belonging inseparably to the external world as a whole.' (p. 9).

Freud proposes a theory to explain why this feeling may persist in many people throughout their lives. Although in normal adults the ego

[5] This and the following quotations are from S. Freud, *Standard Edition*, Vols. IV and V. (London: Hogarth Press, 1953.)

[6] New York: *Psa. Quarterly*, 1938. German original, 1924.

[7] This and the following quotations from S. Freud: *Civilisation and its Discontents*. (London: Hogarth Press, 1930.)

[8] Christian Grabbe: *Hannibal:* 'Ja, aus der Welt werden wir nicht fallen. Wir sind einmal darin.'

is felt as having clear boundaries both inwards and outwards, this is not quite true. Inwards the boundary towards the id is anything but clear, and there are many conditions both physiological and pathological in which the external boundary tends to become uncertain or even to disappear. Freud quotes, as a physiological example, the state of being in love, which, at its height, ' threatens to obliterate the boundaries between ego and object. Against all the evidence of his senses the man in love declares that he and his beloved are one, and is prepared to behave as if it were a fact ' (pp. 10 and 11). He then concludes: ' Originally the ego includes everything, later it detaches itself from the external world. The ego-feeling we are aware of now is thus only a shrunken vestige of a far more extensive feeling—a feeling which embraced the universe and expressed an inseparable connexion of the ego with the external world. If we may suppose that this primary ego-feeling has been preserved in the minds of many people—to a greater or lesser extent—it would co-exist like a sort of counterpart with the narrower and more sharply outlined ego-feeling of maturity, and the ideational content belonging to it would be precisely the notion of limitless extension and oneness with the universe —the same feeling as that described by my friend as " oceanic " ' (pp. 13 and 14). Freud traces this feeling of ' oneness with the universe ' back to the baby at his mother's breast, but apparently considers it in an adult as an out-of-date remnant which should really be recognized as such and relegated from the present adult world to the memories of the infantile past. I think this demand is rather exacting. We get a hint of why Freud had to adopt such an exacting attitude towards this kind of experience when we follow his argument in the first chapter of *Civilisation and its Discontents*. At one point he derives the oceanic feeling from the situation of the baby in its mother's arms (p. 12), at another from the child's need for his father's protection (p. 21). It is not far-fetched to see in this vacillation the working of a strong ambivalence conflict which explains why the whole idea had to be minimized and pushed out of focus and also why Freud was not able to settle the symbolism of the *Flugträume* in the various editions of his *Interpretation of Dreams*. Nowadays I think it will be accepted as self-evident that the flying dreams and the oceanic feeling are to be regarded as repetition either of the very early mother-child relationship or of the still earlier intra-uterine existence, during which we were really one with our universe and were really floating in the amniotic fluid, having practically no weight to carry.

Of course I was very pleased to note that when discussing the flying dreams and the oceanic feeling Freud mentioned all the instances—except one—that build up my theory of primary love. These are: the baby in its mother's arms, being in love, floating, feeling of oneness with the universe. The one that he disregarded is clinical experience with highly regressed patients, a topic he never much liked and one to which we shall return presently. Before doing so I wish first to round off the history of the floating dreams.

It was Ferenczi who made the next step in the interpretation of these dreams, in his *Thalassa* (*op. cit.*). He used the floating dreams, the well-known symbolism of water, the symbolical identity of baby and penis, and the feeling of oneness with one's environment, together as the starting-point of his phylogenetic theory of coitus. If we accept all these suggestions, then the three states: the child safely held in its mother's arms, the intra-uterine and the thalassal existence, are to be considered as symbolically identical; the friendly expanses of my theory are then but wish-fulfilling memories of these states; conversely these states activate a strong attraction for regression, and the ideational content of this tendency to regress is the concept of the friendly expanses, or—after repression and with a negative sign—that of the horrid empty spaces.

In support of the statement that the relation to concrete particular objects is secondary to an overriding, more primitive, relationship to the undifferentiated friendly expanses, arguments can be brought also from physiological optics. When one shuts one's eyes, one experiences something roughly hemispherical, surrounding one safely, the colour of which is grey if the intensity of light impinging on the eyelids is slight, or pink if the intensity is considerable. This eye-grey or eye-pink, as it is called in physiological optics, is at a distance from us, but it is impossible to state with certainty whether it is outside or inside us or, in fact, whether it is nearer or farther away than any given object. To my mind the eye-grey or eye-pink is a clear instance of the friendly expanses, their harmony as yet undisturbed by any object, or, in other words: although there are no objects in it, it is not a ' horrid empty space ',

it is friendly. Recently Bertram Lewin [9] published very interesting ideas on the dream screen, which is doubtless a counterpart in the dreaming state of the eye-grey when awake. (It should perhaps be mentioned that because the intensity of light striking the lids is minimal during sleep, most dreams are grey in grey; coloured dreams are exceptional, the most frequent colour being red, corresponding to the eye-pink.) Biassed by our prevailing theories, Lewin accepted one of its determinants as a complete explanation and identified the dream screen with the mother's breast. This explanation, although unassailable, is not the whole truth if viewed from the point of view of the friendly expanses as advocated in this paper.

III. The Chronology of Ocnophilia and Philobatism

Bearing in mind the uncertainties inherent in any verbal description of these primitive states, especially of early infancy, let us now return to our main topic. What we have now to discuss are two interrelated questions. The one asks what are the mechanisms enabling the philobat and the ocnophil to distort their reality testing so as to be able to stick to their respective pictures of the world despite the everyday experience that the opposite type feels just the contrary. The related question is, which of the two pictures of the world is chronologically the earlier, i.e. which developed out of which. The third question, which of the two pictures is the correct one, belongs to metaphysics, and need not be considered here.

At first thought one would say that the ocnophilic world is the earlier of the two. We find that clinging to objects which represent the mother is understandable, simple, and entails hardly any, or only very primitive, reality testing. Moreover there is no need to rely on oneself; one accepts every not impossible object as representing the safe, good mother, and shies away from the horrid empty spaces where there is no good mother. The apparent primitiveness of this situation should not deter us from examining it in detail. Clinging presupposes the discovery, however dimly, of objects which are firm and resistant. Very likely at first they are only parts which, however, must be preserved at all costs as they have a tendency to disappear, to abandon or to drop one. Clinging is therefore both an expression of an anxiety and an attempt to prevent its outbreak. Thus the ocnophilic world appears to be another instance of the impotent omnipotence,[10] a fantasy mobilized to save some scanty remnants of the earlier state of primary love. After the traumatic experience that objects, especially the good mother, might drop him, the clinging child accepts the fact that vitally important but inscrutable objects do exist outside him; but he pretends—in his impotent omnipotence—that they will never leave him if only he can attach himself indissolubly to them. His reality testing does not compel him to acquire much personal skill apart from an efficient way of clinging and perhaps—although later in adult life this is hardly ever openly admitted—a costly method for being humbly accepted by his objects as a kind of clinging parasite.

The apparently primitive situation of clinging is not so simple after all. There is still another complicating factor present. This is that by clinging one gets farther and farther away from the satisfaction of the original need, which was to be held safely. The profoundly tragic situation is that the more efficiently one clings, the less one is held by the object. (This ever-repeated experience during analytic treatment had a large share in building up our theories of ambivalence and frustration.) There are in the main two ways in which the ocnophil copes with this insoluble problem. Both of these make use of magical thinking. One method is for the ocnophil to project himself into the object and to pretend that he himself is now as safely held as he can hold on to his object. This mechanism may explain a number of queer attitudes towards one's cherished possessions. The second and perhaps somewhat later method is for the ocnophil to introject his object, thus reassuring himself by this magical self-deception that his object can now never leave him, as it is inside him.

Both these methods are, of course, mere magic acts which change only one's internal world and have no effect on external reality. In fact the whole ocnophilic sphere is largely based on this kind of magical thinking, which equips the objects with fantastic qualities, pretending that some are extremely good, benign, and helpful, and others, or even the same ones, are extremely bad, malicious, and hostile. Seen

[9] *Psychology of Elation.*

[10] See ' Love and Hate ' in my book *Primary Love and Psycho-Analytic Technique.*

from this angle, ocnophilic thinking is primitive, certainly more primitive than the sentiments described by the terms ' concern ', ' regard ', and ' consideration ', and especially by ' looking after '.[11] Perhaps this more primitive nature of the whole ocnophilic attitude is the reason that, so far as I know, no language has words to describe it.

In this ocnophilic world, as distinct from the world of concern, regard, etc., objects are only dimly perceived as real whole objects, i.e. as separate from me, because if they were separate they could drop or leave me, which in this state would be a truly major traumatic disaster. Perhaps the fact that we have no words by which to name these states is a kind of avoidance magic; what cannot be described in words cannot change, but must remain the same for ever. This is the case with God's name in Hebrew, of which only the consonants are known, but not the vowels.

In the same way as at first glance the ocnophilic attitude impressed us as very primitive, the philobatic appears highly developed. In a superficial way this impression is correct. The philobat has accepted reality, i.e. the separate existence of objects. Moreover he is trying—to use two beautiful common English phrases—to see the world ' in true perspective ', ' in the correct proportions ', all of which is much more than an ocnophil need do. And lastly, the philobat can feel ' concern ' for objects that are at a distance from him, can occasionally even ' look after ' them or is able to avoid them if he ' considers ' them as hazards. Both these functions—concern for good, avoidance of hazardous, objects—need *skill*.

I shall now try to describe what I mean by this skill, which signifies in the first instance the ability to deal with real external situations, i.e. a kind of adaptability to reality. Perhaps the first condition for acquiring this ability is an emotional acceptance of the depression caused by the realization that objects are separate from and independent of me. As we all know, magic is not reality; it is wish-fulfilment irrespective of reality. The change from fantastic magic to testing the reality is the second step in adaptation to reality, some phases of which I have described in my paper on reality testing.[12]

The third aspect of this adaptation is finding a roundabout way of gratifying the original need. Here various possibilities offer themselves. One is what I have described [13] as active love or as conquering the object, i.e. changing it from an indifferent and unconcerned object into a co-operative partner. The various object-related instincts demand a varying degree of collaboration from the partner, e.g. oral and anal instincts demand less; genital instinct—especially in its most highly developed, most complicated, form, genital love—demands a collaboration from the object amounting to an almost complete identification with the subject.

Another form of these roundabout ways is conquering oneself. This leads to various narcissistic attitudes and autoerotic gratifications. A third form is sublimation. This means the creation, in place of our faithless original objects, of new ones, or the acceptance as objects for our love and hate of things that have but little in common with our original ones. In some forms of this sublimation the self is taken as object, as happens in dancing, acting, etc.

Apart from internal processes, all these activities or attitudes—active love, conquering oneself, sublimation—presuppose the acquisition of personal skills, which conversely means a high degree of reality-testing and especially a continuous, searching self-criticism. In highly philobatic situations this never-relaxing self-criticism is literally vitally necessary, because the penalty for failure may be severe injury or even death. But even under less stringent conditions any ' false step ' may have dire consequences.

This personal skill is the essence of philobatism; no philobatism without skill. The ultimate aim of the philobat, however, is to master the task so completely and with such ease that the

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[11] All these emotional attitudes described as regard, consideration, concern, and looking after, obviously belong to the post-depressive phase, but they all have a close connexion also with distance and sight. The three synonymous words, 'concern', 'consideration', 'regard', came from Norman-French into English and were already well established and widely used in the fifteenth century. It is remarkable that in their original meaning they all describe a state of intense looking at an object. The same is true of the corresponding words in German (*Rücksicht*) and Hungarian (*tekintet*).

The French equivalent of these three synonymous words is rather difficult to find; perhaps ' égards ' comes nearest to them, in that on the one hand it is made up of ' garder ', i.e. ' to guard, to watch, to look out ', and on the other hand it contains also the preposition ' é ' corresponding to the Latin ' ex ', signifying distance. In the same way two of the three synonymous English words, ' concern ' and ' consideration ', contain the preposition ' con ', meaning ' taking together ', diminishing the distance.

[12] *Brit. J. Med. Psych.*, **19**, 201 (1942).

[13] See ' Genital Love ' in my book *Primary Love and Psycho-Analytic Technique*, *op. cit.*

skill should no longer require any effort. I think, viewing the philobat's achievement from this angle, that his is a case of the return of the repressed. After this consummate skill has been attained, reality may change into a kind of fairyland where things happen as desired, apparently demanding hardly any, or even no, effort from the philobat.

Some people will perhaps still remember the masterly Rastelli, who put up his little finger and any ball thrown at him just stopped as a matter of course at the tip of his finger. It made no difference whether it was he, his assistant, or someone from the stalls, or someone from the gallery, who threw the ball; the ball stopped where Rastelli wanted it to, on the tip of his nose, on his shoulder, on his heel, in the middle of his back, or on the end of a stick which he held between his teeth. As seen on the stage, in the magic fairyland created by his exquisite skill, for Rastelli the balls were no longer separate entities; they flew where he wanted them to go and stopped where he wanted them to be.

What Rastelli achieved in an exquisite way in his world on the stage is achieved in a modest way by every philobat in his field. This kind of apparently effortless accomplishment which we admire in figure skaters, in dancers, in actors, musicians, high-board divers, and so on, is also our own aim in our limited spheres of, say, driving a car, of ballroom dancing, or even merely of proper society manners.

To change the field, a similar fairyland of apparently effortless achievements may develop in a harmonious love relation based on far-reaching mutual genital identifications. The partners are there for each other when, where, and how they are wanted. The precondition of this high standard of achievement, both in physical reality and in love, is the acquisition of skill. The aim of this consummate skill is to re-create in reality some of the harmony that existed before the discovery of separate objects, the harmony of the friendly expanses holding and embracing one safely.

So far, so good; but the philobat's behaviour in his ' friendly expanses ' is highly suspect of being unjustifiably and primitively confident, in the same way as the ocnophil's behaviour was towards his objects. The philobat apparently firmly believes that his skill will be sufficient to cope with all hazards and dangers, and that everything will turn out all right in the end. It is up to him to conquer the world, but he is confident that his skill will be sufficient and that the world will not mind being conquered, will ' click in ' with him.

The philobatic world therefore is yet another example of not fully justified omnipotence, based again on regression. In this case, however, the regression seems to go further back than the existence of separate, individual objects. By using extrapolation we may infer that this world is that of a structureless, primitive state, where there are as yet no, or only very few and unimportant, unpredictable objects, a world which consists only of kindly substances, constituting the friendly expanses. This attitude is possibly the most primitive form of relation to the world, and perhaps may be represented, from the point of view of an outside observer, by the mother safely holding her baby, or—if we accept parallels from onto- and phylogenesis—as our ancestors in phylogenesis were safely held by the sea, or as we ourselves in our ontogenetic past were held by the amniotic fluid in our mother's womb. The philobat regresses in his fantasy to this conception of the world. He firmly believes that the friendly expanses will encompass him safely, just as he was held before the appearance of the untrustworthy and treacherous objects.

In order to be able to indulge in this fantasy, however, he must acquire a very high degree of personal skill, and must submit his performance to incessant, exacting reality-testing and to searching self-criticism. Perhaps the first such physical skill, and certainly the prototype for all the later ones, is the erect gait as distinct from crawling on all fours. It has in itself in rudimentary forms all the elements of later thrills; letting go of the object, entering the spaces between objects, raising oneself away both from mother and from the safe earth, maintaining only precarious contact with the latter through the soles of one's feet, and above all developing a fine co-ordination for keeping equilibrium. As everyday experience shows, this is rather a difficult task for most children, and it is only after several months of experimenting and constant practice that they develop from crawling to waddling, from waddling to proper walking. It is easy to observe that in the first stages of learning to walk they throw themselves from object to object, cutting their sojourn in the unsafe empty spaces as short as possible, that is to say, behaving in a truly ocnophilic way. It is only when they have acquired some proficiency that they can enjoy the friendly expanses, i.e. can regress by progression.

The philobatic conception of the world is thus a queer mixture indeed. One component of this mixture is an exacting adaptation to external reality, requiring sustained effort, painstaking attention to details, and, above all, searching self-criticism. The other component is self-abandonment to a somewhat unrealistic fantasy, presuming friendliness where in fact only indifference exists. The underlying fantasy probably is that the whole world, apart from the few accidental hazards, is a kind of loving mother holding her child safely in her arms or, phylogenetically, the structureless sea, offering the same friendly environment in limitless expanses.

IV. Progression for the Sake of Regression

This mixture could be called regression by progression, or progression for the sake of regression. The progression is the acquisition of the consummate skill necessary for dealing with reality. The aim of this progression, of the acquisition of the skill by unrelenting effort and self-criticism, is to enable one to regress to the state which may be described as in a way forgetting altogether about the world around oneself; enjoying the harmony between oneself and one's environment. This state is obviously a denial of any separate existence. It may correctly be described—in a somewhat complicated way—as a simultaneous introjective identification with the partner and projective identification of the partner with oneself. But at the same time it is obviously also a regression to the state of primary love, to the undisturbed harmony, to the complete identity of subject and object. Lastly, it is equally a progression to the acquisition of a skill in order to induce the object or even the whole actual world to accept the rôle of a co-operative partner.

The ocnophil's regression by magic, i.e. imagining the harmony, is also a primitive adaptation: equally acceptance and denial of the fact of separate existence, and dealing with it by primitive means but without enabling one to regress to the desired situation, except in fantasy. Philobatic progression for the sake of regression, although it demands the acquisition of a consummate skill, enables one to regress to this early state of harmonious identity, not only in fantasy but also to a great extent in reality.

From another point of view the ocnophil deals with a traumatic situation by autoplastic means, i.e. he changes himself; instead of being held, he holds. Later a further step of autoplastic adaptation leads him to introject the object in order to prevent the ever-threatening danger of being dropped. In a way the philobat starts also with autoplastic adaptation, he changes himself while acquiring his skill, but then proceeds to use it for changing the world, especially some of his objects, into co-operative partners. He makes the important step from autoplastic to alloplastic adaptation.

Ocnophilia can be considered as a fixation to the first reaction provoked by a major trauma. The major trauma was the painful discovery of the independent existence of important objects. The first reaction is denial, the object is not independent, by clinging the ocnophil can reassure himself that he and his object are still one, inseparable.

The philobat suffered the same trauma, but the skill which he was able to acquire enabled him to re-create to some extent the destroyed harmony between himself and the world. The price he has to pay seems to be a never-ending repetition of the original trauma, a kind of traumatic neurosis. In order to regain the illusion of the friendly expanses, to experience the thrill, he has to leave the zone of safety and expose himself to hazards representing the original trauma. As we know, in pathological cases, especially at the age of puberty, these hazards may be unrealistically severe. 'Thrill' admirably describes this queer integration of competing tendencies. Its original meaning was to pierce something, causing a high-pitched noise—a mixture of pleasure and pain, both of high intensity.

I wish to repeat here that the two words ocnophilia and philobatism were intentionally chosen so that both should contain the root 'love'. By this I wanted to stress that they are not true opposites, although in some respects they may appear so. To my mind they are both secondary stages, developing out of the archaic phase of primary love as reactions to the traumatic discovery of the separate existence of objects. As they are both derivatives of the state of primary love it is fitting that their names should bear witness to their origin.

It is equally true that both the ocnophil and the philobat are essentially ambivalent to their objects. The ocnophil is always suspicious, mistrusting, critical; the philobat always superior, condescending. Both of them are in constant danger—as perhaps all adult mankind is—of marring or even destroying their relation to their love objects by exactly the same method by which they gained their favour: the ocnophil

by the use of too much dependent clinging, the philobat by the use of too much superior skill. From this angle it would have been equally correct to describe these two attitudes by words denoting hatred. Apart from personal predilections I have decided on love in order to express—in agreement with K. Abraham—my firm belief in the existence of the primary pre-ambivalent state, which I prefer to call primary love.

By using the same root for my new technical terms I also wanted to avoid some of the mistakes that we could not help making with regard to sadism and masochism. These two were at first regarded as truly antithetical, one the negative of the other, one perhaps more akin to love, or at least to health, than the other. Nowadays it is gradually accepted that all these were false problems, due only to preconceived ideas, and having hardly any connexion with clinical reality. Keeping at a safe distance from the vexed question of primary sadism and masochism, we may all agree that both sadism and masochism as observed in adults, and in fact in children of the verbal period, are neither antithetical nor primary. They are secondary, i.e. reactions to frustrations, their usual clinical appearance is a mixture of the two, and they always have a long history in the individual's past. In the same way as with regard to sadism and masochism, it would be a nonsensical question to ask which of the two attitudes, philobatism or ocnophilia, is healthy.

To be more specific, what is healthier; to hold on anxiously to one's love objects in abject fear that they may change as soon as one loses touch with them, or, on the contrary, to leave them time and again confident that one will always be able to find new ones, or even that when returning to the old ones at one's whim one will find them unchanged in their affection? The answer clearly is: both these attitudes are more or less pathological. Health is obviously not dependent on the ingredients, but on their proper combination in suitable proportions.

To repeat: both ocnophilia and philobatism are chronologically secondary to the state of primary love, both imply an ambivalent attitude to objects, and both types use denial to rid the mind of certain unacceptable aspects of reality. They are ingredients only to be used in various proportions by the mind when building up its habitual patterns and methods for dealing with the problems created by the world of objects.

And lastly, I have deliberately used mainly the philobatic attitude to physical reality in my arguments. This was done for the sake of simplicity. Our vocabulary is such that it can more easily, and above all more unequivocally, describe external physical situations as compared with internal, mental situations. I wish to add here that everything said about the philobatic sportsman, athlete, or acrobat, with regard to his body and the physical dangers of the external world should be understood as comprising the attitudes of philobatic thinkers, scientists, and artists, with regard to their minds and the internal dangers of the psychological world. *Mutatis mutandis*, whatever we have found about the ocnophil's need for proximity and for constantly remaining in contact with his object should be held to include ocnophilic thinkers, scientists, artists, with regard to their internal world.

V. Regression in the Analytic Situation

In the previous chapter we found that the individual may have three forms of primitive relation to the world around him. The first of them, primary love, is represented by the structureless friendly expanses. This harmonious relation is but short-lived, the traumatic discovery that vitally important parts of it are both independent and inscrutable creates a structure, and from then on the world will consist of firm and resistant objects and of spaces separating them. The individual's response to this trauma is, as we have seen, a complicated mixture of ocnophilia and philobatism.

At the beginning of section II I pointed out that there are possibly two spheres in which these three states of very primitive object relationships may be observed and studied. One is very early childhood, and the other highly regressed patients in the analytic situation. I there discussed at some length why it is so difficult to obtain reliable data about these states. First, there is the intense dependence of the baby or patient on us observers. This dependence is an essential feature of the situation, and forces us to become participants and partners in a highly emotionally charged situation. Second, most of the experiences met with in these situations belong to pre-verbal—infantile or regressed—states, and it is we who have to render them into words; thus we have to act also as interpreter-informers and translators. And lastly, we are also teachers and

educators; both the baby and the regressed patient have to learn from us how to express themselves so as to be understood first by us, then by themselves, and ultimately by their fellow-men. It is in this aspect that the regressed patient offers fewer complications than the young baby. Although in his regressed state he is beyond the world of words, he can come back from it and—although with great difficulty and with considerable help from us—can tell something of what happened to him *in his own words*. It is perhaps this fact that could explain why practically all psycho-analytic discoveries have been made during analysis of adult patients, a few important ones during analysis of children who could already speak, but not one to my knowledge by direct observation of babies or highly regressed psychotics.

After this diversion let us now see how these three states—the undisturbed harmony of the primary love, the post-traumatic ocnophilia and philobatism—appear in our everyday clinical experiences.

In quite a number of my analyses there occurs a period in which the patient feels a very strong urge or need to get up from the couch. Some patients are content to sit up, others want to stand—more often than not in a safe corner of the room furthest from my chair—and yet others have to walk about. Obviously this ' acting out ' is over-determined. One important factor is fear, forcing the patient away from the analyst; another defiance, ' not taking things lying down '; a third curiosity, a fourth naughtily testing out the analyst's tolerance, and so on. But there is also the factor that takes the patient away from a hazardous object, his analyst, and opens up for him expanses which, though not entirely friendly, are still felt to be less dangerous or less exciting than the proximity of the analyst. It is remarkable that no matter how defiant or naughty, how frightened or agitated the patient may have been, it has hardly ever happened in my whole experience that he had touched, or collided with, any object in my room. It is fair to say that in many respects these episodes are reminiscent of the philobatic states described. They are structured definitely on the pattern of the three-act drama, i.e. they start and end in the security of the couch, while the middle act never lacks the quality of fear and, above all, of thrill. Objects are skilfully and carefully avoided, while constant watch is kept on them, especially on the most hazardous object, the analyst. Although often the whole episode may impress one as an acute outbreak of fear, suspicion, and hostility, this is only part of the truth. This kind of philobatic acting out, if correctly recognized and handled by the analyst, reveals itself almost always as an important experience, a piece of working through, leading towards a better mutual understanding between patient and analyst. The establishment of this better understanding mainly depends upon whether or not the analyst can succeed in getting changed in the patient's fantasy from a hazardous object into a part of the friendly expanses which need no longer be defied or watched with suspicion.

With quite a number of patients, though far from all, one can observe a characteristic sequence of events during their treatment. A number start analysis with their eyes open, interested in and intently, almost anxiously, watching the objects around them in the consulting room. It is only very gradually that they discover the possibility of closing their eyes, detaching their ocnophilic clinging attention from the objects of the external world and turning to the events in their own mind. Of course a good many various anxieties of the ocnophilic type have had to be worked through to make this discovery possible.

When finally settled in this second phase, these patients feel as if they were wrapped up in some cosy, warm, structureless darkness which envelops them and protects them from the unsympathetic and unfriendly external world, represented quite often by the analyst. To open their eyes in this state means to destroy the friendly darkness and to expose themselves to the unsympathetic indifferent or possibly hostile external world of separate objects.

It is only after long and intensive work on this second level that they can open their eyes again and look round in the world which is then no longer hostile, the objects of which need not be watched with suspicious attention. This sequence may also be described in a somewhat different way as follows: (1) the patient feeling the need to fight for a place for himself in the world and being afraid of somebody or something pushing him out of it and not allowing him to have his place in peace; (2) withdrawing into a structureless and safe corner but not daring to move out of it; and (3) discovering or perhaps only rediscovering the possibility of finding friendly expanses in the world, no matter where his fate may lead him.

More or less parallel with these events another

sequence occurs. This is the patient's changing relation in his fantasy to the couch offered him by his analyst. In the beginning the patient so to speak floats above the couch, hardly touching it; he lies rigid, usually on his back with his hands safely tucked away, either clenched or in his pockets, obviously avoiding any close contact with contaminated untrustworthy objects. In this state the couch is experienced and described as a horrid, dirty, God-forsaken thing.

Then the attitude of mistrust and avoidance gradually changes into a frightened ocnophilic clinging to the couch, burying himself in it, even holding fast to it, lest the couch, the world, the analyst should turn out to be unreliable and may even drop him. In this period the patient usually finds it very difficult to end the session, as this means relinquishing the safety of his ocnophilic relation to the couch and being compelled to face the horrid, cold empty spaces between the couch and his next possible object, e.g. the door.

Usually it is in this stage, after the ocnophilic anxiety has somewhat abated, that it happens that the couch changes into an exciting place, inviting the patient to undertake adventurous philobatic journeys by means of free associations. These hazardous adventures are made possible, however, only because the kind, cuddling safety, as represented by the couch, is always there near at hand, should the adventure turn out to be too exciting or frightening.

This then gradually leads to a more relaxed atmosphere, when the couch, so to speak, holds the patient safely. There is no more need to cling, to hold fast; the patient entrusts the couch with his whole weight, in fairly safe confidence that it will be there, that it will be strong enough to hold him. In this period the patient usually allows himself some relaxed posture, turns on his side, curls up, asks for and uses a rug, etc. The ending of the session in this period, although not very pleasant, can usually be tolerated in the confidence that the couch and the analyst will be there waiting for him at the coming session.

It is only in the very last phases of the treatment that the interchange between these states becomes easy and painless, though far from emotionless. The patient can shut his eyes and envelop himself in his protective, cosy, structureless darkness or open his eyes and find friendly expanses around him; when he can allow the couch to carry his weight, and at the end of the session so to speak put his weight back on to his own shoulders and carry it away with him—without great joy but without bitter resentment.

There are a number of similarities between this development and the growth of a baby. At least in our civilization the baby starts his existence—like our patients—mostly lying on his back. It is only after some weeks that he can lift his head, that he can focus his eyes and see objects properly, still later that he can turn on his side and then on his tummy, and much later that he can pick himself up to crawl and then to walk away. Is this mere coincidence, of no importance at all, or ought we not to see in this parallel another example of the repetition compulsion? If the latter proposition is acceptable, I wish to stress that in this case the repetition involves both the patient and his analyst. When we start the treatment we offer a set-up to our patients which in almost every case induces them to adopt a babyish posture.

Yet another important subjective experience of the same period is what patients describe as 'sinking'. This feeling quite often precedes the regressive states described above. Another equally favourite description is 'merging into' or 'submerging into' this state. German patients use the cognate word '*versinken*' to describe this experience. The aspect which is most important for my train of thought is that the something into which, after overcoming his anxieties, the patient sinks or merges is structureless, friendly, and existence in it is, in a way, simpler and easier, less complicated, than everyday adult existence.

While patients get nearer in their regression to the states reminiscent of the primary object relation, it quite often happens—in my practice—that either angrily or good-humouredly they wish the analyst would go to hell, as he is felt to be too noisy; although it is true that his interpretations are correct and even helpful in clarifying the situation, but they are not worth the bother. One patient, for instance, said: 'Balls to your correct interpretations!'

All this, however, applies only to that part of the analyst's work that presupposes a somewhat adult attitude and expects rather adult responses from the patient. Interpretations, although highly important, certainly belong to this class. In contrast to the 'noisy' interpretations, the room itself, especially the couch, the cushions, the rug, all of which are supplied by the analyst, remain all the time highly acceptable and welcome to the patient.

Usually at this stage the patient is also perturbed by the idea that he might hurt the analyst by wishing he would go to hell. In fact, it needs only very little work to discover that this wish means merely that the analyst should keep quiet and should not demand attention from his patient. On the other hand it is most important that the analyst should be there, should stay with the patient, should not only do this but should enable the patient to remain aware all the time that the analyst is there for him. This must not, however, amount in any way to a demand that the patient should understand the analyst's interpretations and remain in active communication with him. What the patient wishes for are just slight signs, definitely undemanding signs, not even soliciting from him any attention or response, signs showing that the analyst is there with his patient. To quote an example: one patient when in this state asked me not to speak, to keep quiet, but occasionally to move a little, for instance to make my chair creak gently, or let my breathing become somewhat audible, etc. But I was not allowed to use any words, because they demanded to be understood, which meant coming out of this regressed state into the adult world.

Of course this transference-relation is overdetermined, and all the determinants have to be interpreted in time, and then worked through. One determinant is the ocnophilic fear of being abandoned or dropped by the object, and all the requests are, so to speak, for reassurance that this has not happened and will not happen. Another determinant may be the fear of having destroyed or damaged the object, in which case the requests are for reassurance that this is not the case, the object—the analyst—is still whole and alive, is able to speak to, and to understand, his patient. A third possible determinant, in my opinion a most important one, is that the analyst should become part and parcel of the patient's world, i.e. should assume the qualities of a primary object in complete harmony with him. In other words, the analyst should not be an entity in his own right, with his own ideas, clever suggestions, and profound interpretations; in fact not a separate object at all, but should merge as completely as possible into the 'friendly expanses' surrounding the patient.

Before leaving this topic I wish to mention one more subject which has many points of contact with the phenomena discussed in this section. This is the very vexed question of silence. The silent patient is of course one of the great problems of analytic technique, a problem for which I cannot offer any general solution. My only aim here is to point out its possible regressive nature.

I cannot give diagnostic criteria for discriminating, but I think we all agree that silence in the analytic situation may have two meanings. One is a frightening experience of a horrible emptiness full of suspicion, hostility, rejection and aggressiveness, a silence which blocks progress and is on the whole barren. Silence can also be a tranquil, quiet experience of harmony, an atmosphere of confidence, acceptance, peace; a period of tranquil growth, of integration. It is most important for the analyst to recognize which of these two types of silence he has to deal with. This task is not made easier by the fact that quite often, although far from always, the patient's silence is a mixture of the two antithetical attitudes. Moreover, silence may have a meaning for the patient exactly opposite to what it has subjectively for his analyst. Obviously the danger is always present that the analyst's interpretations might also be conditioned by his subjective reactions or by his theoretical expectations. In any case the parallel between these two types of silence and between the horrid empty spaces and the friendly expanses respectively, is striking.

It is not only in the analytic situation that we meet with these two opposite attitudes towards silence. In everyday life we meet people who adore silence, seek for solitude, and need it; on the other hand people who hate silence are only happy in noisy places and, when coming home, the first thing they do is to turn on the wireless.

In music, too, the pause, i.e. silence, has these opposite effects. Depending on how it was arrived at, the effect of a pause, of silence, may be most peaceful, soothing and calming; or, on the contrary, exceedingly tense and exciting. I think it is fair to say that silence can be as tense, frightening, or stimulating, or as tranquil and peaceful as any tone, harmony, chord, or melody.

This antithetical nature of the effect of silence strongly suggests that it can mobilize in us powerful and very primitive energies, which again leads us back to my theory of primary object relationship.

Of course, the primitive emotional attitudes just described do not occur during any analytic

treatment either in pure forms or in a regulated easily observable sequence. What one gets to observe is a varying mixture, although, according to the particular complex and its concomitant anxieties that are being worked through, usually the situation is coloured chiefly by one attitude or the other. Moreover, the more intense the working through is, the more rarely does one find that only one attitude determines the whole atmosphere. On the other hand, after a successful piece of analytic work, i.e. towards the end of a particular working through period, the situation usually becomes simpler and the main determinant more easily discernible. If then these successive winding-up attitudes are taken together during a longish stretch of analysis, in most cases a sequence emerges roughly corresponding to the description given in this chapter. I am fully aware how vague and uncertain my description is. This, however, cannot be remedied except by considerably more experience.

I wish to end this chapter with a personal note. It was in 1932 at the Wiesbaden Congress that I first described the regressive states just mentioned, and stressed their great importance for analytic technique and theory.[14] Even then I was deeply impressed by the sincerity and elementary nature of what I would now call the patient's ocnophilic needs. For some time I thought that these constituted an essential part of the earliest object relationship, which I called primary love. It is only during the last few years that I have been able to disentangle the various elements reappearing in these regressed states and to recognize their mutual chronological and dynamic relations as described in this paper.

The most important difference between my earlier and my present views is as follows. I thought that the need to be near to the analyst, to touch or to cling to him, was one of the most characteristic features of primary love. Now I realize that the need to cling is a reaction to a trauma, an expression of, and a defence against, the fear of being dropped or abandoned. It is therefore a secondary phenomenon only, its aim being the restoration by proximity and touch of the original subject-object identity. This identity, expressed by the identity of wishes and interests between subject and object, is what I call primary object-relation or primary love.

All regressive states, not only those just described, are attempts at approaching the state of primary love. Why these regressed states occur during analytic treatment, what their therapeutic value is, and what rôle they play in the analytic process, will be discussed in my forthcoming book. To end this paper I wish to say something about the analyst's responses and reactions to these states, i.e. about his technique with regard to a regressed patient.

VI. The Ocnophilic Bias of our Theory and Technique

Obviously these states of regression can be reached only if patient and analyst tacitly, or even explicitly, agree that they should be reached. Certain analysts may view regressions of this kind with suspicion, call them acting out, and interpret any move towards them as the patient's attempt to escape from analytic work, especially from the agreed form of communication, viz. more or less continuous free associations by the patient, punctuated by corresponding interpretations by the analyst. It is understandable that in such an atmosphere this kind of tranquil unexcited regression does not occur, i.e. the analytic work has to be carried out more or less entirely in those layers of the mind which are accessible to words. Another group of analysts, less strict in their approach, may tolerate regressions of this kind, but perhaps unwittingly they force the patient out of it by their otherwise correct interpretations, for the acceptance and understanding of their interpretations demand much more maturity from the patient than this state of regression can afford. Although regression may be reached for short moments, it cannot be maintained by the patient and perhaps still less recognized by the analyst. This kind of analytic work is also kept mainly on the verbal level, allowing glimpses into the tranquil unexcited pre-verbal states but not allowing the patient to sink into them for any length of time.

A further important consequence of either of these two analytic atmospheres is a possible bias of our theory. Analysts working more or less according to the two methods described above will necessarily come to the conclusion that separate and particular objects are all-important for the human mind. Their everyday experiences will force upon their mind a theory of object relations which will be built on the model of ocnophilia. The danger of it is great anyhow, as the psycho-analytic situation is built on

[14] See 'New Beginning' in my book *Primary Love*, *op. cit.*

exactly this pattern. The patient is usually lying on his back, a position which inevitably changes his actual picture of the world. A further important feature of the situation is that this new world inevitably brings it about that the patient cannot see his analyst during the session and certainly not in ' proper proportions ', in ' true perspective '. In addition he has to deal with an objective, indifferent, and above all independent object—the analyst—of necessity only allowing his patient at best part-satisfactions, which conversely means that he must equally of necessity force his patient to accept the state of half-frustration as an intrinsic quality of reality.

Moreover, our present-day technique strongly advocates interpreting everything that happens in the analytic sessions also, or even foremost, in terms of transference, i.e. of object-relation. This otherwise justified and correct procedure leads to some unforeseen side results. One is that thereby the analyst, willy-nilly, must offer himself incessantly as an object to his patient, almost demanding to be clung to and consistently interpreting anything contrary to clinging as an attempt to escape from the proper analytic work. Further unforeseen results of this procedure are that we have developed a highly ocnophilic theory of object-relations founded mainly on relations to part objects, and that we have developed a theory of frustration and of ambivalence. Conversely this means that the relations to whole objects, the phenomena of proper gratifications, have been less well studied and our theories about them are less well developed than those about relations to part objects, and about ambivalence and frustrations.

I know that statements of this kind are a challenge only, but in this paper I could not aim at more. What I wanted to achieve was to call attention to certain limitations in our theoretical considerations leading inevitably to limitations in our set of technical terms. ' Practically all our technical terms describing the early period of mental life have been derived from objective phenomena and/or subjective experiences of the " oral " sphere; as for instance greed, incorporation, introjection, internalization, part-objects, destruction by sucking, chewing and biting, projection according to the pattern of spitting and vomiting, etc. Sadly enough, we have almost completely neglected to enrich our understanding of these very early, very primitive, phenomena by creating theoretical notions and coining technical terms using the experiences, imagery, and implications of other spheres. Such spheres are, among others, feeling of warmth, rhythmic noises and movements, subdued nondescript humming, the irresistible and overwhelming effects of tastes and smells, of close bodily contact, of tactile and muscle sensations especially in the hands, and the undeniable power of any and all of these for provoking and allaying anxieties and suspicions, blissful contentment and dire and desperate loneliness.' [15]

In this paper I have tried to show that a study of one ' extra-oral ' sphere of human experience may lead to interesting results, both in the form of new problems and of enabling us to look at old problems from a new angle, and thus seeing them perhaps in a better perspective.

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[15] *Primary Love*, p. 156.

GROWTH INERTIA AND SHAME: THEIR THERAPEUTIC IMPLICATIONS AND DANGERS[1]

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I. Introduction

Slowly and inexorably the goals and methods of psycho-analytic treatment are changing without being as yet fully documented or taught in our institutes. Major progress has developed from the recognition that personalities and their behaviour are assemblages of processes derived from the influence of many factors through time, of which transactional experiences within the child-mother field are earliest, most significant for all subsequent psychological development, and almost entirely immutable. Such conclusions have arisen not only from analytic reconstruction, which sometimes permeates to memory images or behaviour fragments of earliest days, but also from child analysis and study, and from observations and experiments on laboratory animals.

As a result the goal of analytic therapy and the focus of analytic research is no longer the understanding and resolution only of the oedipus conflict or of bisexuality. Certainly Freud and the earlier analysts recognized that during childhood disturbances in development prevent the full measure of psychological growth, and establish functional 'retreats' to which unstable personalities regress under conditions of stress. But most important for that era of psycho-analytic thinking was infantile sexuality and zonal stages of libidinal organization; in other words quantities of specific instinctual forces and their distribution. Little attention was given to the earliest neonatal experiences or to the vicissitudes of psychosomatic growth and differentiation in the symbiotic mother-child field. Because spheres of infantile conflict were considered the reservoir only for predisposition to later problems, they were not subjected to vigorous investigation in adult patients, and technical procedures pertinent to this area remained until lately undeveloped.

II. Changes in Psycho-Analytic Technique

Profound changes have been taking place in psycho-analytic techniques during the last decade, not only in their modification for the psychoses or by their dilution in so-called 'briefness', but also within the proper meaning of psycho-analysis of the neuroses. Experimentation with new methods or increase in experience with many special conditions do not completely account for the changes, and we should look for other possible explanations.

The characteristics of the neuroses in our time seem to bear little resemblance to the simpler problems written about in the earlier days of psycho-analysis, delineated in our few text books as 'classical' and requiring relatively short analyses for 'cure'. To-day we wonder: where are the classical hysterias and anxiety neuroses? Many of us longingly search for them in the hope of getting a quickly curable short-term case, as a surcease from the seriously ill, time-consuming patients entering treatment to-day.

In addition to such 'mutations' in the characteristics of the neuroses, changing theoretical concepts have altered our way of viewing them. As our knowledge of the earliest period of development has increased, concepts of etiology have altered and the focus of therapeutic interest has shifted. What were once benign neuroses due to disturbances in later-developing, maturer levels of organization are now viewed as serious disturbances requiring lengthy analyses penetrating to earliest levels.

Marmor in a recent discussion of the hysterical personality doubts the validity of a scale of fixation points from early oral to the final genital phase, as a system of classification of neuroses and psychoses. Hysteria, on this basis, should be closest to normality and the easiest to treat. Yet Marmor's experience

[1] From the Institute for Psychosomatic and Psychiatric Research and Training of the Michael Reese Hospital, Chicago, Illinois. Read before the Chicago Psychoanalytic Society, 23 November, 1954.

shows that the basic roots of the hysterical personality are difficult to treat, the regressions are coloured with oral methods of handling reality, and hysterical introversion, fantasy, and materialization are similar to schizophrenic autism, delusions, and hallucinations. Symptoms may readily disappear in the hysteric, but the dependency and inertia against psychological growth is stubbornly maintained. Marmor concludes that this underlying hysterical character is due to an oral fixation.

We often seem to penetrate through the bisexual and oedipal problems rather rapidly in the course of the initial phases of analytic therapy in many patients and come upon nuclear problems of personality and their defences very quickly, at which time such patients show many psychotic-like characteristics. Weakening of ego boundaries occurs, sometimes transient and sometimes serious, with many difficulties in discrimination between self and not-self and in determining the differences between reality and fantasy.

Knight, however, believes that the disasters of such regression come about from the *injudicious* use of uncovering therapy in a group of patients whose dynamic processes are very difficult to understand and diagnose. These he calls ' borderline states '. For them the essential problem is to establish a correct appraisal of their psychodynamic defensive and disintegrating forces in order to plan for proper therapy. In essence this is an appraisal of ' the patient's capacities to tolerate exploration, his capacity to respond favourably to deep interpretation and the relationship of his inner controls over regressive tendencies to the therapist's attitude of permissiveness or limit-setting.' But as I shall demonstrate, an estimate of such ego strength and the capacity of the patient to give up defences that serve at the same time as an illusion of strength is not easy to appraise.

Before continuing the discussion of the problems involved in deeper analysis, I should like to make some general assumptions. In the first place personality may be viewed as an assemblage of learned methods of dealing with conflictual inner processes and between them and the ever-changing stresses of reality, built upon the psychobiological capacities of the species. These assemblages continually add new qualities to the whole of motivated, goal-directed behaviour. Psycho-analysts have been accustomed to consider these assemblages as defensive, characterized according to what is defended against and structured by cultural attitudes of the times, which support or prohibit certain of their possible forms. In addition, the assemblages permit to some degree the indirect expressions of primitive drives which are defended against.

At the beginning, and persisting throughout life, appear the primary core processes of the personality. They have been called ' narcissistic ', indicating a value-judgement applicable to the life instincts which tend to maintain the self-preservative equilibrium of the individual. To them has also been applied the term ' depressive core ', implying the degree of satisfaction that has been attained in the early infantile transactions between those constitutional processes with which the infant is born and its actual experience in its relationship with the mother. The core processes may be called ' psychosomatic ' as descriptive of their primary metabolic functions which are conditioned and modified by subsequent learning as differentiation into both psychological and physiological integrated patterns occur.

Personality is conditioned and learned in the socio-cultural environment of the family within which it may be well adaptive. In transactions with larger, extended social groups with different value-systems conflicts often result in crippling maladjustments in thinking, feeling, and behaviour. It is these disturbances that usually bring the patient for treatment. We have learned that no matter how long or deeply psycho-analysis may operate, the primary core processes are unchangeable. Therapeutic influences can only modify those aspects of behaviour that can be referred to the body or ego in non-ego terms. What is not treatable and not analysable are the effects and results of the first vital non-conditioned reflexes when mother-child ego–non-ego are not differentiated. This is the non-reducible residue like the amorphous dust of a ground-up object of art. On the genic constitutional functions, environmental influences impinge during the organism's most undifferentiated stages, thereby affecting all subsequent psychosomatic development. The effect is ' in the tissue ' and analysis cannot modify it any more than any other structuralized function can be changed.

The task of analysis, however, is to loosen, decrease, or modify the learned function; to get as close as possible to the primary, narcissistic, depressive, or psychosomatic core; then to help rebuild and reconstitute more adaptive

assemblages of defences and syntonic expressions. In this task new technical problems confront the analyst. The closer he approaches to the basic core functions, the more difficult and dangerous are his problems. He is confronted with primary processes and an ego which seems unable to perform its functions of self-discrimination, reality-testing, or synthesis. The alert analyst then questions himself as to whether he is pursuing a harmful procedure which could destroy the defensive capacity of the ego against the development of a psychosis or the liberation of serious suicidal trends or the acting-out of asocial or anti-social behaviour. The analyst then often restudies his pre-analytic psychological tests, reviews the first interviews and the first analytic sessions, and surveys again the first dreams in an effort to determine whether he overlooked a latent psychosis which is now threatening to become active.

III. Case Presentations

Before entering into further theoretical discussion I shall present three clinical vignettes from patients undergoing psycho-analysis. This material is presented not according to the usual method employed by many writers on analytic subjects who recount certain unusual problems that they have met in their therapeutic work, for which they seemed to have discovered the correct answer, and after significant crucial interpretations the patient progresses in his therapy or is cured of his troubles. Success in treatment is *post hoc* attributed to a special interpretation or technical procedure. I propose to use the opposite method and recount some failures. By our official regulations applying to educational requirements, psycho-analysis is a sub-speciality of psychiatry which in turn is a medical speciality. Strangely enough not only does psycho-analysis not have acceptable statistical tables of efficiency, but it is the only medical speciality with no admitted mortality or morbidity.

Among the class of patients that I will describe there was one suicide, several suicidal attempts, and several serious regressions from which recovery was slow and difficult. I shall present some of the clinical material pertinent to my thesis with particular reference to the reasons for the method of treatment and interpretations, the untoward results and their possible causes. In so doing there will be no emphasis placed on the psychiatric diagnosis or the general dynamic formulation, but the focus will be on a specific therapeutic problem and its theoretical implication.

Case 1. In January, 1949, a twenty-one-year-old Jewish male entered analytic treatment because of serious conflict with his father over his way of life. He neglected school to the point of being a ' bum about town ', used marijuana, barbiturates, and alcohol to excess. For 215 hours ending in February 1951 the patient fought the therapist mostly with the weapon of silence or aggressive sneering at all interpretations. His attitude was that of a ' big shot ' who played it ' cool ' and knew the score. He cheated at cards and stole money from home. His whole delinquent pattern made him feel big, accepted and important to his group and, rather than understand or relinquish it, he terminated his treatment.

In May 1953 he returned voluntarily for analysis in which he has been seriously and co-operatively working ever since. In spite of the continuation of his delinquent behaviour he had kept up with school and was about to finish his thesis and take an examination for a master's degree, with a teaching post in an eastern university promised for the next autumn. He was then precipitated into a state of anxiety, sleeplessness, and depression, and returned for treatment.

The boy was the second sibling, having one older sister. The father was very brusque, coarse, hard-working, uneducated, and uncultured. His mother was neurotically ill most of her life and kept to her bed, keeping the boy in a state of constant infantilization. When he came into the home he would have to sit on the edge of her bed or get into bed with her and tell her every detail of his day at school and play. He would sobbingly tell her of his troubles and be fondled and often stimulated sexually by her closeness. He made no effort to detach himself in any rebellious manner in spite of the criticisms and negative attitudes of the father, who was disturbed by seeing his son remain so childish. When the boy was eleven years old his mother developed a serious physical illness and suffered a good deal of distress over the next year or two, eventually dying of a malignancy. At the death of the mother the boy could not turn to the father, whom he consciously hated, and who himself was involved in a serious grief reaction. What he did was to deny the mother's death, preserving her introjected image, which saved him the process of mourning and enabled him to maintain the illusion that his mother or someone like her was still alive.

The patient acted out this relationship with girls who were either physically sick, as, for example, crippled with poliomyelitis, or severely neurotic. He would woo them with a great deal of need for their maternal affection, seemingly working hard to obtain this satisfaction. Subsequently as the sexual aspect of the relationship developed he would become angry with them, reject them and hurt them

in some way, and then suffer from a feeling of guilt and depression.

He was an intelligent boy who had planned to study medicine, but the indication by his advisers of the long road toward this goal so frightened him that he transferred to philosophy, where little consistent work was required. He smoked marijuana cigarettes, drank himself into a state of inebriation every night, and throughout the day was dependent upon seconal to keep free from anxiety. His direct expression of dependent needs through drugs and alcohol was accessory to his continual changing relationships to maternal, sick, or prostitute-like women. Each close relationship was accompanied by weakening of his ego-boundaries so that he felt that he was within the woman or she within him. He alternately sadistically hurt his girls physically or mentally and suffered masochistically.

After about a year of analysis he fell in love with a beautiful girl who was seriously ill with ulcerative colitis and in analysis at the same time. Her analyst apparently worked through her relationship to my patient and she rejected him rather suddenly with a brutal letter. This produced a reactivation of the mother's death and a serious regression into a helpless state of dependency with intense need to be loved, cared for, and cried over, and an increase in his difficulty in identifying himself and discriminating reality. The latter resulted in intense disturbances at night when sounds and movements stirred great anxiety within him.

It was at this point that the crucial therapeutic decision had to be made. Should the analyst use ego-strengthening devices of support, reassurance, and direction, sacrificing for the time further uncovering? Or, with full cognizance of the weak ego, should the analysis be continued in the face of the dangers of psychotic-like regression and possible suicide? The latter course was followed. His defensive illusory masculine and grown-up attitudes were thoroughly analysed within the structure of the infantile transference with its fantasied promise of love. The patient did abandon without direction alcohol, drugs, sedatives, and retired from the ' Fifty-seventh Street society ' and finally gave up his repetitive sadistic conquest and rejection of sick girls. Then we were really confronted with a regressed child-like personality, filled with anxiety and crying to be held.

The problem of handling this regression into a psychotic-like state was a difficult one. It could not be dealt with therapeutically by repeating what his mother and her substitutes had done for him all his life. To have acceded to his request for direct infantile satisfaction would have probably hastened an overt ego-breakdown which was portending as it was. Instead, I indicated to him at appropriate times my confidence that he could work through his problems and that he could go to school, study, and take part in seminars. His reaction to these statements each time was at first intense well rationalized anger, but within a few hours there was a definite improvement in that he borrowed ego-strength, assuming that if I had confidence in him then it was really possible for him to function adequately.

At a crucial point in his analysis he was wracked with inexpressible hatred for the analyst because he was not ' permitted to kill himself '. This was interpreted as a wish to lose his identity by being eaten up by the mother and contained safely within her. The patient said before the analysis he used to have a million ways to crawl back (with the illusion of independence). Now there was no place to go. He was a stranger and could not any longer deny what he didn't like and make it non-existent.

The patient had little shame reaction toward his direct and repeated struggles to gain and regain the symbiotic mother. He had only rage against the interfering father who had confidence and tacitly urged growth and development. As time went on he was able to view himself better. Suddenly conscious shame appeared when the analyst wrote a letter to the induction centre asking for reclassification on the grounds that his neurosis made him temporarily ' unfit for military duty '. He began to identify with the person who believed in his growth potential and who at the same time did not press him.

Although the patient's outward behaviour improved considerably so that he abandoned all drugs, alcohol, and narcotics, gave up his repetitive pattern with women, and received his master's degree, there was much struggling with the internal inertia and anxieties which held him psychologically in the position of a child demanding immediate and *direct* satisfactions. These forces were goal-fixed, rarely shifting to *substituted* satisfactions. Any external stress, environmental change, or change in status evoked an abandonment of the external cloak of shame and an exposure of his infantilism. He then became anxious, crying, frightened of the dark and noises, wanting to be held. He then dreamed of water and heard his mother, almost as an hallucination, call his name. The patient is now engaged in working through castration anxiety as he is courageously dealing with his oedipal sexual fantasies.

Although this patient's analysis is now progressing satisfactorily and the outlook is better, there is no doubt that the therapeutic strategy of analysing the patient's defences of illusory masculinity resulted in a serious, deep, and long-lasting regression during which suicide and overt psychotic behaviour lurked in the shadows. Was it a wise move? It intensified suffering and it was dangerous, but it was, in my opinion, necessary, even though the therapist had been aware of the full effect of his strategy—which I confess was not the case. The patient is not schizophrenic or ' borderline '. He is a prototype of innumerable types of infantile characters that are exposed to us, often to our surprise, during the course of analysis of defences that are as weak as the surface ice after the first

winter freeze. If we are to have the courage to assist in the development of more adaptive assemblages and defences we shall have to learn a good deal more about ego-support, temporary gratification, positive directions, and confidence-inspiring procedures in terms of quality, quantity, and timing. This necessitates a certain positivistic activity of confidence, an activity of acceptance and temporary omission of interpretations.

Case 2. An attractive twenty-year-old Jewish female was admitted to the Institute for Psychosomatic and Psychiatric Research and Training of the Michael Reese Hospital from an eastern mental hospital in January 1954. Two years before, while in high school, she had become upset by the scholastic and social competitiveness. After graduation she entered an eastern college where she came under the influence of a perfectionistic, demanding, and pushing teacher. As a result confusion and depression developed, necessitating therapy by a psychiatrist who supported and directed the patient. During the ensuing summer while on vacation abroad, she became more confused, fatigued, and amenorrhoeic, which the local physicians diagnosed as due to a pituitary disturbance. However, on her return to Chicago no evidence of glandular disease was discovered. She was then sent to an eastern sanatorium because of depression, which was then fairly deep, and there she remained for almost a year.

Therapy was directed towards emancipation from a close attachment to her mother, attempting to instil self-confidence and the renewal of school work. She was encouraged to experiment with sex and was praised for her first sexual experience with another patient. After about a year, the patient was sent back to school in a euphoric state which soon developed into a manic attack, for which she was sent to a mental hospital. There her behaviour was histrionic, mildly destructive, her ideas about herself grandiose, and her stream of talk uncontrollable. She was openly defiant and resisted control, but not to the point of evoking counter-aggression. After quieting down considerably the patient was transferred to Chicago where her parents lived.

The patient was the elder child in a middle-class Jewish family. After normal birth weighing five pounds, she was seen to be a beautiful child, but although she was fed easily and gained well, she cried a great deal and slept poorly. At six months she developed eczema, which was controlled by a rigid diet. The baby was an early talker and walker and was completely toilet-trained at eighteen months, but she regressed at three when her brother was born. Then she was upset and jealous of him. These siblings fought violently all through childhood. At three and a half years she developed supposed signs of bacterial endocarditis and was kept in bed for nine months without visitors. Then a new doctor contradicted the diagnosis and ordered the patient out of bed and out to play with the other children. Each of her therapists had at one time interpreted the enforced bedridden state after the birth of her brother as a guilt-provoking experience in retaliation for hostility to mother and sibling. This was, however, not the basic problem.

She resumed group activities with forced aggressiveness and noisiness which attempted to conceal her own uncertainties and anxiety. She soon revealed to her parents a promise of superior intelligence and talent in many artistic fields which were nurtured by their own narcissism, and their highly ambitious and socially upward trends. At the age of ten the patient's unhappiness resulted in the consultation of a child psychiatrist, and several years later, because of depression due to rejection by antisemitic classmates, of a psycho-analyst with whom she could not co-operate. In these early school years the patient received good grades and high honours, but these came hard only after much more than the average effort. The patient herself realized that she was not the person her parents expected, that she was a fake, and that she had to pretend a great deal. An external attitude of confidence developed with tricks at deception, and sometimes falsification and stealing credit for others' work. Later psychological tests revealed her confusion about her identity, the lack of creativity and originality as well as her great affective needs.

During the first weeks of hospitalization the patient gradually quieted down and behaved in a less provocative and aggressive manner, although she still expressed her exalted opinions about her 'great' artistic ability, poetry, prospective novel, etc. Indications of the return of a depressive mood increased as the hyperactivity declined. Then, after a few weeks on an open unit the patient was discharged to a women's dormitory and permitted to register for a few courses at the Art Institute. Therapy shifted from daily psychotherapeutic to psycho-analytic interviews four or five days a week, but this régime was short-lived.

The patient was not content with a few courses but registered for full-time work. Soon there was difficulty in immediately grasping the instructor's directions. She felt she would fail and became very anxious, depressed, and sleepless. Re-hospitalization for a few days decreased the anxiety, and we decided that she should give up her school and room, return to her suburban home and stay close to her mother whom she needed and for whom she constantly cried.

Inherent in this decision was the crucial shift in therapy and the beginning of the fatal outcome. All previous therapists in their reassurances, confidence-inspiring techniques, pressure for return to school, had simply repeated the old parental demands which were far beyond her capacity and increased the deprivation of an affect-hungry child. Their results were short-lived, as was my own, as seen in the rapid return of depression after returning to school.

Therefore the patient was sent home and urged not to force herself to do anything but relax and accept all the care, interest, and affection that her mother was willing to give her. The patient protested that she must finish college, she must go to school, she was wasting time, etc., but gradually found herself relying on her mother more and more. She stayed with her during the entire day (except for her therapeutic sessions) no matter what she did, and depended more on her mother to carry out the ordinary things which young girls insist on doing for themselves.

The patient recognized her need to be taken care of and made very strong and positive demands on her family, but as she stated, ' I want my mother to do everything for me, but when she does I hate her.' She showed signs of being very much ashamed of herself for regressing to the little child attachment to mother. I encouraged this regression in an effort to give her a feeling of satisfaction and security instead of pushing her to unrealistic demands which she had never been capable of meeting, except with strain, failure and depression.

The result, however, was another form of depression associated with shame. She was quiet and felt as if she could never justify herself for her childish behaviour. Her dreams were all brilliantly coloured, extremely optimistic in type, in which she lounged about on brightly coloured sands with gay umbrellas close to the water in which she loved to swim. These dreams were rather stereotyped and repeated themselves over and over, and at the time I could not reconcile them with her depression. On a Sunday morning she apparently found a bottle of barbiturates in her father's drawer, swallowed over eighty of them, and before she could be discovered, expired. That her dreams indicated the undefended pure pleasure at the prospect of Nirvana in death now seems obvious.

It seems to me that this girl was struggling against her lack of capacity to fulfil the demands made on her by her family and that at one time there was a cessation of such demands but a resumption of them with greater intensity after her useless stay in bed at the age of three. Nevertheless, I think that we cannot account for the great pressure for achievement and self-fulfilment in this patient by the cultural and social effects of ambitions of father and mother. Rather, we see an intense shame associated with depression as a reaction against a profound incapacity to grow and mature to the degree and speed expected of her at each age. The early infantilism of lying in bed in an invalid state, being waited on, was an accident which created in this patient an image of herself as a stunted, incapable child, and which mobilized an intensified amount of shame against which she over-reacted aggressively and overcompensated all of her brief existence. It seems clear that the previous therapists who stimulated her to activity were on the side of her overcompensations. It seems equally clear that I was attempting to help her regress so that perhaps a new start could be made, settling for less. It was in this technical procedure that the essential and fatal error was made.

Case 3. A thirty-five-year-old brilliant professional woman entered the hospital with a moderate depression after exhausting years of aggressive militant political activities. Established governments symbolized the hated and enslaving mother who could eat her up. To be anything, anybody, to be alive and have blood, she must gain her own satisfactions by drinking and masturbating. After several months of psychotherapy she began psychoanalysis. She was the firstborn in a physician's family, brought up in the deep south, where she was petted and pampered by many servants, mother and mother substitutes. Suddenly the family moved north where all the advantages of the southern home were lost. Correspondingly she developed an attitude of ' I don't need you, I can do it all by myself '. At four years of age a male sibling was born, and this intensified her independence, for she acted out the rôle of the brother's mother in a primitive fashion. When a feminine rôle should have been learned, she still dressed in blue jeans, climbed telephone poles, and acted like a boy. The whole world became an object of hostility and she defied everyone by refusing to accept any kindness for which she felt she should be grateful. She trusted no one. Her isolation became almost complete, for she neither accepted nor gave anything unless the bargain was first explicitly made that she would get as much as she gave. Climbing high poles was displaced to the repetitive establishment of projects which she had to complete herself without assistance. After each goal was reached the patient felt let down until another project was started.

Only during the evening drinking sprees alone, but needing a crowd about her, did she feel warm and filled inside. She continually fantasied that she had a penis inside her vagina which she used as an exciting stimulus against her clitoris during sexual movements. It was hers alone and there was no room for a man's penis. The patient clung to the old, and resisted change, including the analytic efforts, change in job or living quarters or clothes. All concepts were polar opposites with sharp boundaries. She had or she hadn't, she fantasied or not. ' My fantasy world is my own and no one can intrude.'

Analytic work revealed that early bowel training was traumatic to her, especially the mother's joy at a successful movement on the pot. The weaning process was fantasied as sudden with no transition. The nipple was in the mouth—then suddenly out. Actually the mother later told her that at the age of ten months she was weaned abruptly and did not see her mother for several weeks owing to a maternal illness of severe influenza in 1918. Nothing was gradual. Apparently the fantasied penis filling the vagina was a displaced and hoarded nipple filling

the substitute mouth and masturbatory movements were similar to sucking. Climbing poles, eating up project-work, and drinking were sign representations of penis, stool, and nipple surrounded by her body or within an orifice. The patient was unable to grow through the use of increasingly abstract symbols representing synthesis of parts of the mother-child relationship or through substitute need-satisfactions at the cost of increasing distance from the mother in space.

As her defences and substitutional satisfaction became revealed and the narcissistic core was exposed, the sado-masochistic aspects of her personality were expressed. 'I want everything, I trust nobody, I won't let anyone come near me if it gives him satisfaction.' Such revengeful hostility was always self-depriving and constituted a real spite reaction, for which she sought objects, and trigger-symbols for them. Without this behaviour and in situations of rapid change suicide was considered and once it was attempted after her first discharge from the hospital.

It seems that death or suicide was the only way she could at her age return directly to the all-giving, pre-weaning mother, her sadism was the struggle against parting with her hoarded fantasy satisfactions. In between was the core process with the effect of interruption of oral pleasure, and whatever behavioural, ideational, and emotional responses an infant could have. But these are not reconstructable or directly modifiable.

As the analysis proceeded the spiteful and aggressive defences loosened and during last Thanksgiving while at home she emptied herself of her hoarded secrets and self-contained gratifications. She told her parents all her secrets of political radicalism, sexual experimentations, and financial transactions. The score was now even, and then she felt empty and relaxed with the capacity to cry easily with shame at her inadequacies. Now, she said, if given time and if no one pushes her she can learn to love. The growth potential was liberated from its repetitive goal-seeking methods and she sought for new satisfactions more suitable for her age and sex.

I shall not cite further case histories indicating that our current therapeutic procedures touch on the problem of growth, inertia, and shame, and may be associated with mortality and morbidity. I shall only mention a few more clinical points of interest. In depressions we know that there are dangers in excessive quantities and poorly timed support or premature suggestions for activity. I have seen dangerous suicidal attempts after each. These are not always due to the psychodynamic configurations of hostility, but are frequently precipitated by severe shame reactions which are much more dangerous. Such suicidal trends are more dangerous because they are harder to detect early enough and the prospect of final death is often associated with hopefulness. It seems as if the unused forces of growth express themselves outwardly in destructive aggression or in self-destruction. Only in rare instances and in lesser degrees are they susceptible of displacement in defensive creative activity in the Adlerian sense.

Many characterological defences should be more carefully scrutinized for the existence of underlying shame reactions. The aggressive defences in males against feminine dependent relations to father, the isolated and secondarily narcissistic characters, etc., are concerned with hiding shameful inadequacies which have their roots in deeper processes. Caution should be developed in the analysis of anorexia cases who starve rather than take, of perfectionistic compulsives who need to conform to excessively high ideals of ethics and morality, and of people who express great conscious and behavioural resistance to change. This is not to say that all their problems are related to failure of growth and shame, or that they cannot be treated successfully, or that they will all severely regress.

The most common preceding developmental pattern seemed to be an excessive infantilization early in life followed by a sudden traumatic change, varying from death of the mother, abandonment, the birth of a sibling for which the subject was unprepared, etc., after which excessive pressure for growth and independence was forcibly applied. The males with this predisposition later suffered excessive castration anxiety and the females were sensitive to failures in their sexual rôles.

I have pointed out the dangers of loosening and breaking up those defences which give an illusory security of competence but which hide failure and shame. Of these aggressive and antisocial behaviour deserve special mention, for they represent not only defences, but also substitute outlets for the energy of inhibited forces of growth. These psychologically malignant expressions of aggression may be necessary to the organism to prevent either psychological disintegration and suicide, or possibly even somatic malignancies.

IV. Equilibrium versus Growth

One of the unitary principles of science applicable to both closed physical systems and also to open biological systems, although in different ways, concerns stability, equilibrium, or homeostasis. In latter years concepts

regarding humoral and nervous maintenance of internal equilibrium and apperceptive devices for keeping the external world seemingly steady have been applied to psychological functions. The ego, defined in the psycho-analytic sense, may be considered a homeostatic regulator of the multiple internal forces in transaction with and within the environmental field. With each system of organization, no matter what its degree of complication, homeostasis is concerned with maintenance of life. The capacity to establish equilibrium permits variation in functions of open systems within ranges specified for that system. Within these ranges there is stability, and opposition or inertia against change beyond species-determined limits.

Homeostasis in open biological systems is concerned with attempts at maintenance of equilibrium or efforts to regain the environment that can re-establish a past equilibrium. It is a general principle which categorizes the activities of instinctual drives and psychomotor activities that are vital and self-preservative and lead to *goal-seeking* activities ranging from silent humoral or nervous part-alterations to violent aggressive behaviour of the whole organism. Although homeostatic goal-seeking mechanisms are basic properties of the biological core in personality, they change in modes of expression by maturation of special human zonal functions and by conditioned and symbolic learning from the human and physical environment which stimulates or restricts the available mechanisms. These modifications, as indices of growth or at least change, tend to disturb the internal-external equilibrium and overcome the inertia of goal-seeking devices.

Physiological growth seems to have a constitutional organization of co-ordinated changes of parts and the whole, and relatively constant pace-making controls, although these may be upset by catastrophic internal or external influences. Just as homeostatic principles have been applied to ego functions, so is there usefulness in applying to psychology the principles of growth and change as potentiating forces activating *goal-changing* devices. Development and differentiation of the psychological system, although probably dependent to a greater degree than somatic systems on external simulation, are also probably under the control of organizing processes, gradients, and pacemakers. The Freudian concept of linking libidinal organization and ego growth to body zones indicates the integration of timing in somatic and psychological growth. Correlations are abundantly exemplified between ego maturation and central myelinization, perceptive discriminations and co-ordinated hand to mouth movements.

Although physical growth is self-limited, we have as yet observed no limits to psychological growth except that set by the ageing of somatic organs, and no limits to social and cultural change. Human individuals and their collective societies seek new experiences, new challenges, and new concepts. They seem as much involved with growth, development, and change independent of self-preservation, although new devices of internal regulation and homeostasis closely follow each change.

Man, more than any other animal, is excessively and for long periods of time dependent on parental figures. Because of excessive dependency or restrictions on growth or because of the lack of sufficient stimulation or satisfaction, individual inertia against personal growth often increases. For one of such reasons the organism becomes fixed or held in a more or less dependent position and is not capable of utilizing its growth-potential. If it is able to develop to any degree, the inertia or longing for its previous dependent relationships make it vulnerable in times of stress or disappointment to regress to the old states of dependency.

The healthy or so-called normal individual has passed through a reasonably satisfactory period of gratification appropriate to various phases of growth and has been able to utilize his particular growth potential to a considerable degree. The always present need for equilibrium and stability and its never satisfactory fulfilment is represented by the individual's participation as an integral and dependent part of a whole group. There are many possible permutations of utilization of growth-potential and dependency, but in all types of personalities there are combinations of both. It seems to me that psychological growth expresses change as the organism or society develops newer organizations for the expression and satisfaction of primary drives. Changing goals accompany a utilization of other systems capable of operating through longer time-spans and greater distances for the purpose of obtaining the same basic satisfactions. These systems develop as assemblages around the retained primary core of personality.

There is more than a change of goal involved in growth in which the actual or direct object

(or its sign) of satisfaction is abandoned for symbolic gratification, where the symbol stands for classes of signs. The new acts must be rewarding and the concept of *ought to* must be understood. It is this that conditions or supplies the shame response.

The difference between homeostatic goal-seeking and growth may be expressed in another way. Growth may be measured by the number of goals which an organism can attain. As growth increases the organism can deal with more environments without repetitively searching for the same ones. The ability to reorganize, to seek new stimuli, and then to make appropriate response patterns part of one's stable internal organization may be a measure of growth. Such transformations of environment and of self occur without loss of internal cohesion or organization. Growth involves an efficiency of integrated goal-seeking, goal-setting, and goal-changing. Neurotic inefficiency is exemplified by the repetition-compulsion of goal-seeking, the compulsive goal-setting, and the phobias against goal-changing.[2]

The operational procedures by which we usually isolate the goal-seeking from the goal-changing devices in the psychological field are those of anecdotes of behaviour and psychoanalytic reconstructions. From these we may extrapolate a longitudinal pattern which indicates the direction and development of growth and its blocking inertias. Reliability is high if one studies a single cyclic pattern in which the attainment of a goal trips off a reaction opposite to the primary goal. Under the assumptions which I have stated here the simplest cycle would be dependency, shame, attempt at growth (overcompensation), failure, depression, dependency, etc. Such a cycle is sometimes difficult to isolate because its parts may be separated in time and space or observable only in different social rôle structures. When more than one of such patterned functions are studied, including for example aggression, sexuality, guilt, etc., we get into a much more complicated field that requires considerable interpretation with less reliability.

We are on safest ground when we can link such a psychologically composite growth and inertia pattern to somatic experiences as in case 2, or with behaviour in a case of celiac syndrome which I have recently described. The early somatic experiences occurring before the psychological systems have matured tend to pattern them in the same mode as far as goal-seeking devices are concerned. Behaviour may be better understood through action in which the individual searches for those socially institutionalized rôles to which his patterned, implicit rôles most perfectly fit.

I have simplified this presentation for the sake of demonstration, being fully aware that the simplification in itself may raise many objections. I think that we cannot understand growth and development in the psychological systems apart from its history and past as a part of the psychosomatic whole before differentiation. Also we cannot understand these patterned responses without an abstraction from the action patterns in interpersonal or social situations. We know that each person throughout his lifetime partakes of many rôles and many nuances of partial rôles. It is through the study of patterned responses which often take cyclic form that we may see how growth makes possible the search for new goals. Although new methods are developed and apparently new goals are sought and old ones are abandoned, the organism still functions in the same direction

[2] Benedek stated in her discussion of this paper: 'Grinker defines growth as characterized by multiplication of goals and by the maturation of goal-changing devices. I would like to translate this concept into the language of the instinct theory which will make it sound familiar to psycho-analysts. In this terminology, growth means the progressing organization of instinctual energies to supply the motivational energy (drive) towards the goals which change appropriately according to the developmental level. This implies all that we know and that we do not know about the vicissitudes of instincts. Here I want to emphasize only one maturational change in the range of the polarity of active-passive. In the communication between infant (subject) and mother (environment) the infant is passive. His dominant tendency is *to be fed*, to receive. During maturation the *need to be fed* changes to an active tendency, the *need to feed*. It is an oscillating process by which the dominant tendency changes from passive to active. The ego-ideal of the adult woman represents the aspiration to feed, to be a mother. The ego-ideal of the adult man, although to a lesser degree on a biological level and to a greater degree on the sociological level, includes the aspiration to be a provider, a father. If the frustrations of the early dependent period lead to the formation of an ambivalent, narcissistic core of the personality, the ability to fulfil the goal of the adult instinctual need is inhibited. I select the frustration of the needs implied in motherhood because the inertia, the arrestation of the growth potential in this area, in many instances, can be proved on a measurable, hormonal level. The fear of not being able to live up to the adult ego-ideal mobilizes shame and depression. (This in turn negatively influences the mother-child relation, thus transferring the intensity of the ambivalence in the core of the personality organization from generation to generation.) But frustrations caused by other conflict areas also lead to an inhibition of growth.'

as its past. Structure has been transformed but not function. Goals may be changed but not needs.

V. Shame from Failure in Growth

Piers has recently called our attention to the phenomenon of shame as a differentiated form of inner tension concomitant with and comparable to the internalized punitive aspects of parental images that we call superego. He finds it difficult to conceive of shame as being established without the influence of culture. According to Piers shame arises out of a tension between the ego and ego-ideal when a goal is not being reached and such a 'shortcoming' stirs a threat of abandonment. Piers seems to be aware of the possibilities of both the innate and cultural sources of shame, for he states that the ego-ideal is on the one hand the sum of the positive identifications with parental images and later identifications with institutionalized ideals and social rôles, and on the other hand it contains a core of narcissistic omnipotence and is in dynamic interfunction with awareness of the ego's potentialities for the sense of pleasure of maturation and mastery.

Erikson relates the sense of shame to the long period of dependency of the human infant and its exposure to attitudes of trust and mistrust from those around him. Shame is specifically developed when the child is developing his sense of autonomy and control of performances that are visible to others. The transactions between what the child can do and what is expected of him seems to be Erikson's concept of shame uncovered by guilt, leading to later voyeuristic or exhibitionistic tendencies. Here the cultural influence of 'shaming', especially during the period of toilet training, seems to be emphasized.

I should argue that there is a primary nuclear shame similar to the rudimentary superego arising before culture has exerted much influence. The later developing shame is influenced by culture and the non-realization of ideals which have been directed, selected, and conditioned by the culture. Primary or nuclear shame develops early in life and is the antithesis of inertia. However, as a psychological phenomenon, shame of failure of growth-potential, or pride as the converse, is subjectively recognized when it can be attached to mental images or words, when comparisons are possible. It is then the source of a self-reflective process stated as: 'I am not as good as he is or as they expect me to be, therefore I hate myself.' This is often associated with depression.

A nuclear and innate shame, overlaid by assemblages of shame derived from comparison, suggest a specifically human psychic quality. The growth-potential is expressed in all phases of life and begins in the earliest symbiotic mother-child relationship when the needs of the child in its long period of human dependency are furnished by others. Soon there are stirrings of the beginning of autonomous development and self-realization. The 'self demand' child insists on holding its bottle and on increasing amounts of 'me do it self'. These are expressed in every human being and permeate through all phases of life. Since in our culture human beings do not perish because of growth inertia, all degrees of defection in psychological growth may be seen.

What is the scale on which man rates himself? His culture and the social rôles that he has been taught and incorporated establish scales of performance of later behaviour and accomplishments. But primary shame must be related to the speed and completeness with which somatic and psychological structure-functions mature. Where is deviation registered? Are the discrepancies those of the organizer of pace-making functions inherent to the species or those of the individual's specific genic-determined growth-potential? Such questions have no current answers. But once the shame image develops it persists throughout life no matter what secondary accomplishments are achieved.

VI. Therapeutic Problems

Psycho-analysts try not to push their patients into activity or regression, and do not praise or punish for specific modes of behaviour or thinking. But indirectly, tacitly and covertly the value judgements of the therapist enter into the changing superego and ego-ideal of his patient. Just as culture selects and directs the contents and direction of learning, so psychoanalysis strikes at specific behavioural, symptomatic, and characterological defences in an effort to free the growth-potential from its neurotic chains. We are aided by the fact that these have caused the patient suffering or have endangered his life.

One of the dangers in uncovering therapy of any type is the patient's confrontation with the quality of his unsatisfied needs, his failure in growth, and his inertia characterized by compulsive search for unchanging goals. At varying

levels of organization, quantities of shame will be exposed. The form of transference will vary depending on the organization of inertia, of shame and the defences against the primary or core personality. The range is from abject inertia and whining or aggressive demands for infantile care or deep depression while the infantile ego recoils with anxiety and terror at the sounds and sights of a hostile world. (As Benedek pointed out in her discussion, this is a special form of *negative therapeutic reaction.*)

The countertransference may be maternally seductive towards deep or rapid regression and a high value placed on therapeutic, hopefully temporary, dependency. Sometimes countertransference attitudes may consist of firmness and *tacit* urging towards growth and change either at the onset or too soon after regression has developed. Some analysts may vacillate between these two attitudes as many parents do, seducing dependency and urging growth at the same time. (As Piers stated in a discussion of this paper, we should be aware of our frequent contempt for our patient's defences.) We alternate in ourselves between goal-seeking and goal-changing, as do all human beings, but for the treatment of our patients a delicate balance between the two and accurate timing is necessary.

During the war Spiegel and I coined the term ' syndrome of ego depletion ' as applied to a type of reaction to severe stress. Young soldiers who were relatively free of crippling neuroses could take no more of the stresses of war and regressed to child-like states. They cried, were depressed, had difficulty in sleeping, great anxiety and many nightmares, and needed immense quantities of food and drink. They were treated with unfailing supplies of milk and ' cokes ' and were listened to patiently by a psychiatrist in daily sessions without interpretations. After several weeks or months of this régime many boys developed a sense of shame and would suddenly state that they couldn't take any more of this ' chicken ' and asked to be returned to duty. These patients possessed their own therapeutic timing devices.

Psycho-analytic patients rarely have such self-timing devices, because they are more permanently and seriously neurotic than the temporary combat cases. We should try to keep aware of the degree of strain on the patient by the demands from his environment and the therapist, and the degree of shame developed from the permissiveness of therapy. Limits have to be set.[3]

Piers indicated that in people with much shame, the first therapeutic steps bring out either increased shame or increased compensatory activity by virtue of the establishment of transference. He states that the one prerequisite for successful therapy is the ability to sense the patient's potentialities for which the therapist can attain respect without narcissistic expectations or ambitions. In older patients whose past record of work and achievement has been good, references to these are often antidotes to severe shame reactions in the face of current regressions. In younger persons with no record, confidence in the future is sometimes difficult for both the therapist and the patient and is largely built on hope furnished by the therapist with whom the patient may be able to identify himself.

VII. Summary

I have presented a few cases and alluded to others in an attempt to show that therapeutic procedures, both psychotherapy or psycho-

[3] Benedek stated in her discussion: ' The pacemaker of the therapeutic process is the therapist. This is the meaning of all that we know about the handling of the transference. The concept of growth, however, adds a new dimension to the therapeutic process; in this context, handling of the transference means more than just directing the reliving of the past, the working-through the patterns of adaptation designed by the developmental processes. The concept of growth brings to the fore the Janus-face of the psycho-analytic process; the transference is turned towards the past and towards the future at the same time. Thus we must learn to attune our ' third ear ' to manifestations which indicate not only resistance against the insight into the significance of the past but resistance against growth, which is future. The technical problem is how to meet the immediate task of avoiding or alleviating the mobilization of intense, disorganizing shame reactions.

' I cannot agree with Grinker when he so sharply separates psycho-analysis as technique from ego-strengthening, supporting devices, as if the latter would necessarily interrupt and postpone the psycho-analytic process. He has presented brilliantly the reasons and the situations which compel the analyst to act as a mother who can listen not only to what the patient says and wants, but also to what the patient needs. Many detailed studies of special psycho-analytic situations will be necessary to point out the dynamics and the techniques of support and ego-building as an integrated part of the psycho-analytic process and not separated from it.

' The problems of therapy implied in Grinker's presentation indicate that we must re-evaluate the famous statement about the alloy of the pure gold of analysis and the copper of " suggestion ". Psycho-analysis as a therapeutic method cannot afford to remain " pure gold ". It must be alloyed not with suggestion but with the *understanding of the need* for support and its technique at every phase of the therapy. Only then can we learn to diminish the hazards of growth; only then can we become productive in analysing the psychodynamics of growth and support our own hopes for success in our therapeutic effort.'

analysis, based on current psychodynamic concepts may have a mortality and a morbidity. As analysis penetrates to deeper core levels or organization beyond the goal of resolution of oedipal and bisexual conflicts it encounters special problems and dangers. These seem to be related to the universal human self-reflective, innate and/or learned, attitudes of shame at failures in realization of growth-potential. The dynamic phenomena observable to therapists, who attempt to break through defences producing neurotic suffering in an effort to stimulate the learning of new patterns of psychological organization, reveal interesting aspects of goal-seeking homeostatic regulation and goal-changing growth processes. Within the permutations of these forces of inertia and growth develops shame, to some degree innate, to some degree learned. The current techniques tend to break up illusory defences in the hope of reducing suffering, but may instead result in regression to levels of organization poorly equipped to handle reality in an adult world and reach even psychotic-like states. Defences may be reconstituted with difficulty. Shame at inertia may be dangerous and lead to self-destruction. For the technical problems raised by these theoretical concepts, all therapy including psychoanalysis should include positive procedures to avoid such mortality and morbidity.

REFERENCES

ERIKSON, E. H. *Childhood and Society*. (New York: Norton, 1950.)

GRINKER, R. R. 'The Effect of Infantile Disease on Ego Patterns', *Amer. Journ. Psychiat.*, 1953, **110**, 290.

—— and SPIEGEL, J. P. *Men Under Stress*. (Philadelphia: Blakiston, 1945.)

KNIGHT, R. P. 'An Evaluation of Psychotherapeutic Techniques; Borderline States; Management and Psychotherapy of the Borderline Schizophrenic Patient', *Bull. of the Menninger Clinic*, 1952, **16**, 113; 1953, **17**, 1; 1953, **17**, 139.

MARMOR, J. 'Orality in the Hysterical Personality', *J. Amer. Psychoanal. Assoc.*, 1953, **1**, 656.

PIERS, G., and SINGER, M. B. *Shame and Guilt*. (Springfield: Thomas, 1953.)

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THE RÔLE OF THE SUPEREGO AND EGO-IDEAL IN CHARACTER FORMATION

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As a result either of major alterations in the personality structure in Western culture within the past fifty years, or of the increasing maturity of psycho-analysis, we hear on every side that the nature of our patients has undergone a gross change. The bulk of them are now said to suffer from character disorders rather than from symptom neuroses. Psycho-analysis has more and more set itself the task of altering these disturbances of character, a task which is significantly more difficult, by and large, than the treatment of symptom neuroses. In fact, the recurrence of symptom complexes in the course of the treatment of character disorders is generally looked upon as progress towards a cure.

With the increasing recognition of character disorders there has been a proportionate increase in our need for more information about character development and character structure. In recent years there has been more and more emphasis in psycho-analytic thinking on the pregenital phases of personality development and, more particularly, on the primitive precursors of the ego. Through these researches we have established the fact that there are significant contributions to character formation which are of pre-oedipal origin. We have long been aware of the contributions to character formation during the oedipal phase, but have tended to place comparatively little emphasis on those occurring during the latency period, prepuberty, puberty, adolescence, and adult life. This has perhaps arisen because of the comparatively greater emphasis on and investigations in these areas by pre-analytic writers; however, there has been little tendency to incorporate these findings into psycho-analytic thinking and to extend them in the light of our psycho-analytic knowledge.

Through the discoveries of psycho-analysis the genetic basis of neurosis and of character development was established. In the course of making these discoveries it was necessary to set aside the comparatively lesser influence of later life experience. A re-evaluation of the influence of these later experiences is necessary on the now firm foundation of our substantial knowledge of development during the first five years of life. This does not imply any negation of these discoveries concerning early life experiences, but proposes an addition to them, since we need no longer fear that psycho-analysis will be overpowered by a non-genetic psychiatry, as might once have been the case.

Our investigations of the rôle of the superego and ego-ideal have tended to lag behind those of the rôle of the ego in the attempt to extend our conceptual basis of personality development. Extensive enquiries are being carried out in order to re-evaluate our concepts of ego origins and development, and a similar re-evaluation is needed in connection with our concept of the superego and ego-ideal and of the related process of sublimation.

The superego depends for its formation upon identifications, with a massive crystallization of this process as Freud puts it in *The Ego and the Id* (4, p. 69), ' When the object relationships of the Oedipus complex are regressively replaced by identifications '. The superego is in effect the heir of the parents, and depends upon threats of loss of love and the mobilization of the affect of guilt as well as upon the proffering of love for its fundamental participation in personality organization. Needless to say, the superego consists essentially of the *internal* reactive processes to the parents or their surrogates and not to them as they were in the light of perfect reality testing. It is also clear beyond contradiction that the quanta of energy with which these ' identifications ' or ' internalized objects ' are endowed are supplied from the same reservoir from which all other mental operations of the individual draw their energy. It appears altogether improbable that any of the energy with which the identification is endowed could have come from the parental source as such or, in fact, from any *external* source. Yet it seems that the parent or

other source of identification does supply the particular stimulus out of which the internal reactive process develops its definitive configuration.

Freud in his Preface to ' Psycho-analysis and War Neuroses ' (5, pp. 83–8) indicates that ' the adjustment of a newly introjected object to the original superego may give rise to complications ' as described by Fenichel (3, pp. 469–70), and Fenichel further says: ' In addition to the construction of the superego, the formation and modification of ideals in later life, too, are of importance in forming the character. Sometimes certain persons, who serve as models, or certain ideas become " introjected into the superego " in the same manner as the Oedipus objects have been introjected in childhood; at other times the later " ego ideals " seem to remain more peripheral in the personality.' It is my intention to explore further these later ' additions ' to the superego.

There would seem to be no question but that the superego is in our culture a well-established institution by the age of five to six years. There is, however, ample evidence to sustain the fact that the introjection of further individuals or ideas is not terminated at this point, but that for a number of years thereafter this process continues, with fluctuations, only to decrease ultimately late in life. In general, psycho-analysis has tended to direct its attention to the early and more important phase in which the superego is first established; however, examination of the later introjections offers a fruitful source of information about the process of introjection. That this process is a continuum is amply borne out by our justifiable emphasis on education and our desire for teachers who will function as ego-ideals, a concern we should hardly have if *all* the necessary ingredients for character formation had already been internalized prior to the latency period and adolescence. It would seem that the superego, which develops with the resolution of the oedipal dilemma, is rather a complex pattern of introjection—which, if not disturbed, represents a behaviour pattern for further introjections along this established channel, rather than a *fixed static* body, as may sometimes be inferred. I am under the impression that this is the presumptive basis upon which we have employed the concept of the superego. Through regular usage and the greater ease with which we deal with structural concepts as opposed to functional ones there is the tendency to look upon the superego rather too exclusively in its topographic and dynamic senses. From the economic point of view, the process of habituation to some given form of internal functioning, and introjection represents such a process, seems of prime significance. This is consistent with the pleasure principle, which seeks the easiest pathway with the least expenditure of energy as a channel of release.

Psycho-analysis justifiably proposes to bring about certain constructive changes in the neurotic superego, and with this proclaims that this superego is malleable and subject to change. There is little reason to feel that what may occur with some certainty through psycho-analysis may not occur occasionally through accidents of living. I would question whether it is a tenable position that only the neurotic superego is malleable, and if the healthy superego is malleable it should follow as a corollary that it too is subject to accidental change. The opinion that the superego becomes fixed at an early age and subsequently remains essentially unaltered has been advanced by Melanie Klein (9, pp. 250, 252, 369) among others, although she implies that the superego can be altered at a later age through psycho-analysis. It is of interest to note the finality with which some of these statements are made. James Strachey (14, p. 136, note) states, ' In practice nothing except the process of analysis can alter it (the superego) ', and Ernest Jones (8, p. 345) says, in his discussion of intrapsychical conflicts, ' The period when they are generated is always the first three or four years of life, after which the *structure of the personality* has been established for good or ill.' Freud (4, p. 69) takes a significantly different position when he writes: ' Although it (the superego) *is amenable to every later influence*, it preserves throughout life the character given to it by its derivation from the father-complex, namely, the capacity to stand apart from the ego and to rule it.' He does not talk of a fixed superego or personality, and while the derivation is essential, it presumes further significant additions. Certainly psycho-analysis offers a controlled opportunity to observe alterations in the superego and to bring about therapeutic changes in it, but this does not give adequate grounds to assume that it is the only means by which such changes occur after the onset of the latency period.

Those who have had occasion to work with adolescents in non-analytic situations seem strongly to confirm the prospects of alteration of the superego by means other than psycho-

analysis. August Aichhorn, as the last paragraph of his classic book, *Wayward Youth* (1), says:

' What helps the worker most in therapy with the dissocial? The transference! And especially what we recognize as the positive transference. It is above all the tender feeling for the teacher that gives the pupil the incentive to do what is prescribed and not to do what is forbidden. The teacher, as a libidinally charged object for the pupil, offers traits for identification that bring about a lasting change in the structure of the ego-ideal.[1] This in turn effects a change in the behaviour of the formerly dissocial child. We cannot imagine a person who is unsocial as a worker in this field. We assume therefore that the ego-ideal of the child will be corrected through the worker's help in bringing him to a recognition of the claims of society and to participation in society. Our work differs from that of the psycho-analyst in that we use the transference to accomplish an entirely different task. In the analysis of neurotic patients, the transference must be used, not for temporary improvement, but to give the patient strength to complete a special piece of work, to change unconscious material into conscious material and thereby to bring about a permanent change in his whole being. In remedial training we cannot be content with transient results which arise from the emotional tie of the dissocial boy or girl to the worker. We must succeed, as in psycho-analysis, in bringing the wayward youth under the influence of the transference to a definite achievement. This achievement consists in a real character change, in the setting up of a socially directed ego-ideal; that is, in the retrieving of that part of his development which is necessary for a proper adjustment to society.'

Erikson in his book, *Childhood and Society* (2, p. 228), says in his consideration of adolescence: ' In their search for a new sense of continuity and sameness, adolescents have to refight many of the battles of earlier years, even though to do so they must artificially appoint perfectly well-meaning people to play the rôle of enemies; and they are ever ready to install lasting idols and ideals as guardians of a final identity.' He then further states: ' The integration now taking place is more than the sum of the childhood identifications. It is the accrued experience of the ego's ability to integrate these identifications with the vicissitudes of the libido, with the aptitudes developed out of endowment, and with the opportunities offered in social rôles. The sense of ego identity, then, is the accrued confidence that the inner sameness and continuity are matched by the sameness and continuity of one's meaning for others, as evidenced in the tangible promise of a " career ".'

It would seem unnecessary to labour further the thesis so admirably expressed by these authors. Neither seems to challenge the concept of the earlier formation of the superego, but both express clearly and with conviction the necessity for later significant alterations of the ' superego ' through the processes of introjection and identification.

The concept of the superego has been considerably hindered by its unwieldy nature. Because of this there has gradually crept into the psycho-analytic literature a splitting of this concept into a superego and ego-ideal. This change occurred in common parlance as a product of our work with patients and the resultant need to delineate certain groups of introjected objects as playing significantly different rôles in character operations from certain other introjected objects.

In Freud's formulations of the superego in *The Ego and the Id*, there is no attempt to differentiate between the superego and the ego-ideal, the two terms being used synonymously. Attempts have subsequently been made by Jones (8, p. 146), Nunberg (11), and Annie Reich (12, p. 29) among others to differentiate the superego and the ego-ideal. In this connection Ernest Jones states (8, p. 146): ' The superego has several conscious derivations—for instance, conscience, ego-ideal, etc.—but it itself has to be carefully distinguished from them. Thus the essential superego is an institution of the unconscious, so much so that to make a patient aware of its activities is often an extremely difficult task.' In his glossary (8, pp. 497–500) to the same book he defines ego-ideal as ' The standard of individual perfection that evokes aspiration ', while the superego is defined as ' The unconscious conscience that criticizes id impulses and gives power to the ego whenever the latter wishes to accept dystonic id impulses.' While the difference is sharp, one might question whether the ego-ideal is entirely conscious. I myself, like many psycho-analysts,

[1] The editors of this volume appended, that was in 1935, the following footnote, p. 211: ' In this chapter, the terms " ego-ideal " and " super-ego " are used synonymously. Among the majority of writers in psycho-analysis, " super-ego " has gradually supplanted the older term, " ego-ideal ". Recently there has been a tendency in psycho-analytic literature to use " ego-ideal " to differentiate special functions within the " super-ego ".'

am of the opinion that it is not and that the ego-ideal, like the superego, needs unconscious roots for its smooth operation.

Annie Reich (12, p. 29) defines the ego-ideal in the following manner: 'Such ego-ideals should be distinguished from the concept of the superego. The superego represents a taking over of the parental do's and don'ts. In spite of childish misunderstandings, the formation of the superego is based upon acceptance of reality; in fact, it represents the most powerful attempt to adjust to reality. The ego-ideal, on the other hand, is based upon the desire to cling in some form or another to a denial of the ego's, as well as of the parents', limitations and to regain infantile omnipotence by identifying with the idealized parent.'

I am in essential agreement with the mode of operation of the ego-ideal as here defined during the early period of life, although one might question the advisability of using this term for a primitive mode of operation, since it has come to signify the later and more mature form of the same process. It is my impression that what Annie Reich is describing in this and a later article (13, pp. 218–38) are the early forms of a structure, the ego-ideal, which represents an integral part of the mature character. It is true enough that through early narcissistic threats the later ego-ideal may become distorted, as she has so well brought out, but I have attempted in a previous paper (10) to define more adequately the essential operations of the ego-ideal at the mature level.

I am of the opinion that the term 'ego-ideal' should not be used to describe the punishing or loving superego as such, based as it is on the resolution of the oedipal struggle. The concept of the ego-ideal is of use to define that particular segment of introjected objects whose functional operation has to do with proposed standards of thoughts, feeling, and conduct acquired later than the oedipal superego, but having its roots in the early pregenital narcissistic operations against anxiety. This operative unit seems to play a separate rôle in character formation and functioning. It is clearly related to the superego but has different origins and a different function from it.

In so far as the relations of the superego and ego-ideal to the ego are concerned, there is this to say. The superego exercises its power through the threat, or the employment, of the special form of anxiety known as guilt or through the anxiety emerging from the threat of withdrawal of its love. It thus may be ego-alien or may in fact on occasion side with the id against the ego. The ego-ideal as above defined has the special characteristic of always being ego-syntonic in character and has in fact been compared to a 'loved object' (6, p. 74), I believe it fallacious, however, to consider the ego-ideal an intrinsic part of the ego, since it is by no means bound by the ego's regard for reality in the usual narrow sense of the term.

There has been in recent years a tendency to assign a greater and greater share of the total personality organization to the ego. From an original rôle as an outer core of the id, it has at last been given its more appropriate rôle as the major synthesizing agent of the character. My impression is, however, that with the current enthusiasm of discovery, its operations have been perhaps over-estimated, and it is seen falsely as performing certain functions which would best be considered as part of the superego —ego-ideal system.

The ego is governed by the reality principle, and some are inclined to assume that a function which can be as integrative in personality functioning as the ego-ideal had best be considered an integral part of the ego. This tends to overlook the fact that we must look upon reality from various aspects. In so far as the presumed 'objective' observer is concerned, the 'hero-worshipping' aspects of man may appear unreal. However, they appear to have an inner reality and often inspire man to performances that the ego, with its regard for 'reality', would pronounce unreal indeed. Since all our attempts to describe given segments of the personality organization inevitably introduce an element of artificiality, perhaps it would be clearer to speak of the adequately functioning ego-ideal as being contiguous with the ego, serving as a model of what one is as well as what one would like to be, and thus contributing to the ego's security. I say this because our internal image of even our physical selves at any given moment coincides but poorly with our physical appearance as it may be observed by others. I believe that this internal imagery is closely bound up with our ideals of what would represent our individual concept of a model appearance. We would prefer to feel that we approximate to it more closely than we do in fact. I choose our concept of our body image as an illustration, but it is only one sample of the extensive interplay between ego and ego-ideal modes of operation.

I should like to explore the technical implica-

tions of a clearer concept of the rôle of the ego-ideal by a brief consideration of an incident recalled during the course of analysis. Psychoanalysis, with its investigation primarily of the neurotic disorders and oriented as it is to therapy, has very justifiably tended to centre its attention on the genetic origins of any given memory. Freud in his paper on 'Screen Memories' (7, pp. 66–7) defines a screen memory as 'one which owes its value as a memory not to its own subject-matter but to the relation existing between that subject-matter and some other, suppressed psychical material'. And further, 'they are extremely well remembered but that their subject-matter is completely indifferent.'

Such memories should be sharply distinguished from memories where the subject-matter is not indifferent. Here too we are interested in exploring the genetic origins of such memories, but they are not matters of indifference as significant formative experiences.

If we apply ourselves to these memories which are not indifferent from the point of view of character development, the same memories would clearly represent not only the repressive techniques for earlier experiences but also significant experiences in their own right, and often significant introjections. This may depend upon their bond to earlier experience; however, the character of such later experience is in itself a matter of significance in character development.

To illustrate this I should like to cite a particular memory of a patient. He was a man in his middle thirties who had come into analysis primarily because of a rigid, obsessional character and the gradual recognition on his part of the narrowness and inhibition in his living. The immediate cause precipitating his coming into treatment was an increasing sense of estrangement from a woman friend upon whom he had been extremely dependent without, however, being able to identify his dependence consciously. The particular memory which interested me in this regard was as follows:

He was in the 7th grade of school and was required to take a test in a subject, civics, in which he felt poorly equipped. He prepared a small bit of paper with certain now unrecalled data related to the subject matter and secreted it in his hand during the examination, but did not refer to it and did well in the examination. On turning his paper in, however, the bit of paper fell from his hand, and was recovered by the teacher. The patient experienced the profoundest dread regarding this and anticipated that he would be given a zero for the test, if not some more violent punishment. The following day the papers were returned and the patient found that he had been given credit by the teacher for all the material except the specific content of the bit of paper.

The patient's associations led back to an earlier experience with his father where he had anticipated punishment for a poor performance at school and had instead been dealt with by him in a kindly fashion, then to his dread of his father, and eventually to his own ambivalence in relation to his father.

Treated genetically the school incident was therapeutically useful; however, its particularly sensitive handling on the part of the teacher was a significant contribution in its own right to the healthful character development of my patient. It might be argued that had the prior groundwork not been laid in his earlier life experience, this experience would have been of no great significance. However, a foundation does not make a building. This particular experience assisted my patient 'in the setting up of a socially directed ego-ideal', to use Aichhorn's words. As analysts we must explore the neurotic implications of any piece of behaviour reported; care should be taken, however, not to interrupt the adequately functioning synthesizing activities arising out of previous fortuitous life experiences.

In so far as the technical usage of this concept is concerned, they are manifold. It may be enough at any given moment simply to listen with greater insight to this as well as the other aspects of the patient's associations. Not infrequently the patient is himself aware of the significance of some such experience, and simple agreement may supply him with such a measure of ego support as to allow him to lessen his defences and explore hitherto unavailable aspects of the same incident. Sometimes clarification of just such significant experiences will then permit him to take the next step in exploration of the accompanying genetic implications. I here mention only a few of the immediate advantages in treatment of greater awareness of this facet of the personality development.

To summarize:

(i) The development of character analysis and of the modern concept of the ego has made necessary a change in our concept of the superego and ego-ideal.

(ii) The superego is best looked upon as a functional pattern of introjection rather than as a fixed institution.

(iii) The separation of superego and ego-ideal

offers the possibility of the further clarification of the rôle of introjection in character formation.

(iv) The ego-ideal has its roots in primitive parental identifications.

(v) The ego-ideal in the mature individual is dependent on these early identifications as well as upon later significant persons, but not on either of these alone.

(vi) The ego-ideal is a distinct psychic institution related to the ego and superego, and it makes essential contributions to the process of sublimation bound by an inner reality making for inspired performance.

(vii) The technique of psycho-analysis includes not only the tracing of these later ego-ideals to their genetic prototypes, but the analysing of them as significant contributors to character formation.

BIBLIOGRAPHY

(1) AICHHORN, AUGUST. *Wayward Youth.* (New York: Viking Press, 1935 (9th Printing 1948).)

(2) ERIKSON, ERIK H. *Childhood and Society.* (New York: W. W. Norton, 1950.)

(3) FENICHEL, OTTO. *The Psychoanalytic Theory of the Neuroses.* (New York: W. W. Norton, 1945.)

(4) FREUD, SIGMUND. *The Ego and the Id.* (London: Hogarth Press, 4th Impression, 1947.)

(5) —— Preface to 'Psycho-analysis and War Neuroses', *Collected Papers,* Vol. V. (London: Hogarth Press, 1950.)

(6) —— *Group Psychology and the Analysis of the Ego.* (London: Hogarth Press, 4th Impression, 1948.)

(7) —— 'Screen Memories', *Collected Papers,* Vol. V. (London: Hogarth Press, 1950.)

(8) JONES, ERNEST. *Papers on Psycho-analysis,* 5th Ed. (London: Bailliere, Tindall and Cox, 1948.)

(9) KLEIN, MELANIE. *The Psycho-analysis of Children,* 4th Ed. (London: Hogarth Press, 1950.)

(10) NOVEY, SAMUEL. 'Some Philosophical Speculations about the Concept of the Genital Character', *Int. J. Psycho-Anal.,* 1955, **36.**

(11) NUNBERG, H. *Allgemeine Neurosenlehre.* (Bern: Huber, 1932.)

(12) REICH, ANNIE. 'Narcissistic Object Choice in Women', *Journal Amer. Psychoanal. Assoc.,* Jan. 1953, **1,** No. 1.

(13) —— 'Early Identifications as Archaic Elements in the Superego', *Journal Amer. Psychoanal. Assoc.,* April 1954, **2,** No. 2.

(14) STRACHEY, JAMES. 'Nature of Therapeutic Action of Psycho-analysis', *Int. J. Psycho-Anal.,* 1934, **15.**

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THE COMMUNICATIVE FUNCTION OF THE DREAM

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The dream is inherently—in appearance at least—a narcissistic phenomenon, entirely intrapsychic. The actors and the audience are alike the dreamer; the ultimate purpose of the action is to preserve the most narcissistic of mental states, sleep. Nevertheless, there are communicative elements about the dream and, as will be set forth in this paper, within the dream itself that are of great importance not only for the therapeutic approach but for the theoretical formulation of dream psychology.

The urge to communicate one's dreams was described by Ferenczi (4), who pointed out that the listener chosen for this purpose is preferably the actual subject of the dream. The urge to communicate, therefore, arising out of the dream may be seen as a continuation of a tendency within the dreamer to establish contact with reality, as represented by the day's residue. This aspect is, of course, of intrinsic interest during analytic treatment.

Freud, even in his early investigations, described dreams motivated by the desire to prove that he was wrong (8)—a motivation that achieved its aim even more directly when the dream was subsequently reported to him. For a fuller understanding of Freud's own dreams we must be mindful of his intention to publish them—a motive related to the impulses that were inspiring his self-analysis at the time. The importance of this point is quite apparent, as emerges from Freud's own discussions and also from recent re-analyses of his dreams by Erikson (3) and Winterstein (21).

Pertinent, too, is the fact that Freud's latent hostility to Fliess is revealed in his otherwise friendly letters solely through a reference to the 'non vixit' dream with the accompanying remark, 'I find I am delighted to have survived you' (9). The need to communicate the banned hostility in this way doubtless entered into the dream wishes; reactions against this prompted the 'hypocritical dreams' dealing with Fliess. From this standpoint, the letters assume *in toto* the function of a manifest content that is communicated as a defence against the strivings of the latent content to make itself known.

The most primitive and widespread interpretation of dreams regards them as messages from the divine (or, in modern variant, as 'telepathic experiences'). In this is to be seen not merely a particular form of sanctioned insight but also a projection of one's own need to communicate. St. Paul, after his vision, goes forth to preach the word and insist that others accept it. Numerous writers and artists, literally inspired by their dreams, have not completed the dream work until they have communicated it to an audience. In the fate neuroses, revelation of the dream plays an important part in provoking the very events portended in the dream (cf. the rôle of the oracle in the Oedipus drama). The urge to confess and be punished, strengthening the defences against unconscious wishes, yet also gratifying them, is prominent in this type of communication.

In a variant of this procedure, the Iroquois Indians celebrated a Feast of Dreams, a Saturnalia following a general confession of sins, with participants wearing disguises (of evil spirits?) and engaging in wild and destructive behaviour from which they could be deterred only if the victims were able to guess their dreams (7). In this charade the tormentor seems to have become an animated nightmare figure, taking a rôle very similar to that of the Sphinx in the Oedipus legend; the oedipal dreamer who solves the riddle presumably admits to similar dreams, and therefore to guilty knowledge. Confession is followed by relief.

Such ceremonials and dramas re-enact the conflict within the dream itself between the wish to sleep and the day residue that has become the vehicle of the emerging unconscious. The narcissistic and the communicative functions are reconciled if we recall the character of secondary narcissism. The dreamer, withdrawing from the outer world, can relinquish objects only by intro-

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jecting them in symbolic form. External relations, therefore, including communication, are thereby internalized—reviving moreover, as we would expect, more primitive activities of the same nature from the past. Among these are identification and the mere acts of looking and being looked at, which are so important in the mechanism of dream formation. A single dream image may embody a complicated harmony of past and contemporary relationships and communications—viz., the ' R. is my uncle ' dream of Freud, which condenses an exchange of opinions among several persons and is climaxed by a message to the dreamer himself.

Communication is ultimately inherent in the most basic forces that establish the boundary lines between ego and object: in sensory impressions, in motor responses and in the symbols, phylogenetic and synthesized, that record the evolution of the psychic structure. To experience and to communicate are as one; the infant assimilates and disposes of his first contact with the world by a cry. Object relations are therefore the elementary units of the mind structurally, dynamically, and economically. Primary narcissism, largely hypothetical, would be a state in which object representations are purely phylogenetic; secondary narcissism would deal with data assimilated from individual experience. Sleep, as the reintegration of an ego split by the intrusive claim of reality for attention, would become increasingly the return to a state of more advanced secondary narcissism as the balance of mental forces becomes more complex.

Studies of hypnosis suggest that sleep is induced by a splitting of the day residue, with the ' good portion ' introjected and the ' bad ' expelled (13). Falling asleep is not a simple narcissistic regression but the consummation of a conflict in which the good (oedipal or preoedipal) parent is re-attached to the ego and the bad eliminated. In anxiety dreams these endeavours are unsuccessful. The sleeper therefore is not truly alone, but ' sleeps with ' his introjected good object. This is evidenced in the habits of sleepers—the physical demand of the child for his parent, of the adult for his sex partner, and of the neurotic for lights, toys, and rituals as preliminary conditions for sleep (20).

Among the latter, introjective measures are favoured—viz., eating or drinking, swallowing pills or taking baths, and of course in archaic form by nursing, rocking, and lullabies. The ' dream screen ' is a relic and sign of the dream partner (14); in bedtime stories and prayers there is often simultaneous appeasement and destruction of the parent through splitting devices. Conversely, the emergence from sleep is represented in myths as a reluctant departure from a beloved figure, often the result of taking a forbidden glimpse (opening one's eyes) as in the legends of Psyche and Eros, and of Orpheus and Eurydice. Sleep may also be represented as the enthralling power of darkness from which one seeks to escape (Persephone and Pluto). In both ' good sleep ' and ' bad sleep ' (Lewin), therefore, the ego is not alone.

The transition from sleeping to waking is not absolute, and the ' simple dreams ' of children, taking their origin in real relationships, may carry the dream wish back into reality. For example, the communication by the disappointed little girl that ' someone ' in a dream had given her cherries also contained an unmistakable hint to her father. In somewhat more disguised form, Little Hans' dream about the two giraffes was a tactful notification to his parents that he was now aware of the facts of life. Nightmares pass directly into communication when the child cries for his mother, or reflect the paralysing fear of being unable to establish such communications. Object relations established in this way ' from above ' form the surface for a hierarchy of relations ' from below '.

The recession or approach of objects in dreams, for example, is likely to be linked with infantile memories of the approach or departure of the parents—i.e. with accessibility to communication, reflecting the momentary spatial configuration of the ego boundary. Falling and climbing or flying dreams represent the same principle and are determined in the male to a considerable extent by the experience of erection. A severance of communication, often with the connotation of death or castration, may be expressed in sleep by the direct evacuation of bodily contents or by such typical dream symbols as the losing of teeth, missing trains, etc.

Exhibition and examination dreams are usually traceable to a desire for (or fear of) communication; the blank dream with orgasm may represent, according to the usual antithetical meaning of primal symbols, both complete fulfilment of a wish to establish and a desire to break off visual contacts with an object. Olfactory, tactile, thermal, and auditory impressions, as well as motor impulses, can serve for such purposes in the same way as visual imagery. In the form of the dream and its description, elements like

gaps, dimness, and fading from memory, or their opposites, have their communicative significance.

Freud pointed out that, in the dream itself, the thought may intrude, ' This I must tell to the analyst '. As with the related impulse to write the dream, there is in this—as he discovered—resistance to making a communication. Others have also stressed the positive disposition of the dreamer, under the same circumstances, to give of and reveal himself (1, 2, 17). Both aspects are shown in a little masterpiece of communicative ambiguity, where the patient dreamed ' something ' about his girl friend—he could recall no other details—and also had the thought, ' I must tell this to the analyst '. In its more positive form, this meant, ' I must tell the analyst that I have given up my dreams about my girl friend '. Freud, in a similar way, described the forgetting of a name in a dream as meaning ' I should not dream of that '.

Analysts have all had their experience with impending breakdowns of resistance that are heralded by a series of dreams, often after a long dreamless period, in which the urge to communicate (as spearhead of emerging instinctual drives) is manifested with increasing vigour, spelling its message in advance of the patient's conscious ability to deliver it. One agoraphobic woman, fighting off the recognition of intensified sexual feelings, was impelled to tell her husband —toward whom she was ordinarily most reticent about analytic matters—of a dream in which she was dancing with a certain man (the analyst). The teasing of the husband was also an admonition to increased alertness on his part (as was the agoraphobia), thus strengthening the defences, while communication of the same dream to the analyst, in contrast to her usual habit of forgetting dreams, served similarly to tempt him and bring about fulfilment of the intrapsychic communication that is expressed by the loving embrace with the dancing partner.

The disposition to communicate or to break off communications is manifested and most readily dealt with in the transference neurosis, which is intermediate between dream and waking and provides the analyst with the opportunity to enter therapeutically into the dream (13). The experiments of Fisher (5) have also offered evidence of this proposition, which may indeed be derived from Freud's observation that ' most of the dreams that can be made use of in analysis are compliant dreams and owe their origin to suggestion ' (10).

As resistance increases the language of communication both in free association and in the dream becomes more obscure and narcissistic. Acting out and somatizations become symbols of the internalized relationship from which the real analyst is split off, along with the objects excluded from the dream world. The approach through which such regressive behaviour can best be grasped and drawn back into therapy, even in the deepest schizophrenia, is the communicative aspect which enters into each symptom and act.

A patient, subject to asthmatic attacks when defending herself from entering into verbal expression of her desires for the analyst, used the dream to elaborate on the meaning of her symptom: ' I dream that I am lying on the couch and you are sitting at the other end of the room. I rise up to come to you but find that there is freshly laid concrete between us. This hardens rapidly as I put my feet in it. I am caught in a vice, am terrified and scream.' She awakened with an asthmatic attack.

The asthmatic attack represents the last fragment of the dream, which finds her entirely in the grip of her defences. Deeper layers lead into genetic and sexual aspects; the more immediate difficulty involves her desire to rise from the couch, look at and approach the analyst, etc. The therapeutic routine has caught her ' in a vice '; the attack is not only an inhibiting and self-punishing instrument (that gratifies her desire to grip the penis of the analyst in a vaginal vice) but is designed, like the scream of the nightmare, to secure immediate help—thus forcing the analyst to abandon his neutrality. This calls for an immediate response, but of a nature to restore communication to the verbal level. It is useful, too, to learn through the dream that as the result of free associations the patient feels she has ' put her foot in it ', and the analyst must consider whether his own interpretations were ' too freshly laid ', too ' concrete ', and posed the threat of holding her ' in a vice '. The clues suffice for the attack to be traced back to certain recent discussions, where it was the analyst who failed to ' rise ' to the occasion.

The reversal of relations establishes a form of mutual communication which in dreams, transference, etc., is extremely common. Analytic dreams frequently offer a variant of the following, which cannot be properly interpreted unless the apparent ego is interchanged with the apparent object. ' I am standing behind my brother, who is trying to replace a door that has come off its hinges. He is bungling the job, but

I decide to say nothing.' The dreamer is an obsessive individual who, beneath the façade of over-talkativeness, really says nothing. The analyst in turn has found no opportunity to break through this barrage and his silence does connote, as the patient suspects, disapproval. The inability to establish contact is also reflected in the difficulty of fitting in the door properly; on the other hand, a contrary trend is fulfilled in a situation that 'leaves the door open'. Toilet habits and pederastic fantasies underlie the imagery.

This latter dream really belongs among the 'mirror dreams' discussed by Miller (15) and others, that are related to dawning insight, to confessional tendencies and—in the guise of narcissism—to communications about others. Literary treatment of this theme is common and, as Rank (16) showed in his analysis of *Dr. Jekyll and Mr. Hyde*, *The Portrait of Dorian Gray*, and others, is frequently associated with the fantasy of the Double as a portent of impending mental breakdown both in the hero and in the author. The breakdown of identifications underlies this phenomenon.

Dreams and language emerge from the same roots. Pictorial images grade into spoken words. The interchangeable word play that links dreams, language, wit, and symptoms has been repeatedly emphasized by Freud and other analysts. Sharpe's observations on the origin of metaphor in the control of bodily functions (18) is pertinent in respect to the following dream of an exhibitionistic male with intense urinary urgency when subjected to psychological tension:

'I dreamed that someone was telling me a joke. He said, "There was this guy running around looking for a place to leak." Then he made some reference to urinating in a forceful arc from the kerb, but this is rather vague. Next he began to imitate someone with an urgent need to urinate, with wriggling of the body, flushed face, and so on. Then he finished by saying, "So finally this guy gets his dick out, but there is all the stuff stuck to the head of the penis." The implication is that instead of urine, he has discharged semen.'

In one direction, the dream extends into urinary memories and conflicts of childhood, when the dreamer would compete with other boys in sending streams of urine in an arc from the kerb. In another direction, there is reference to his difficulties in telling jokes and anecdotes—which are psychically equivalent to exhibitionistic urinating. The manifest content shows an intriguing relation between the words and actions of the narrator: where the imitative actions would end in a display of the penis and in urination, there is a flow of words instead—a linguistic equivalent. The words themselves are in vulgar colloquialisms, in contrast to the more polished habitual speech of the patient himself—partaking therefore of the functions for which they substitute.

The jesting pertains to the clownish exhibitionism that is now emerging from the protective coverings of refinement. The urinary memories screen masturbatory and primal scene components; there is also an allusion to an embarrassing experience at college when semen instead of urine was discharged as he stood at a urinal. The whole has reference to free associations that become blocked by urinary impulses and motor restlessness on the couch. Much the same occurs during social conversations. Recent communications have shown a loosening of control and have brought into the analysis 'semen', vital substance, instead of urine as in the past. The startled reaction to his first emission is paralleled by his pleasure and embarrassment over a recent communication that escaped in this way.

The situation is resolved in the dream by projection: the exhibitionistic narrator is another person, a 'tough guy' instead of a college student, who boldly permits the inner contents to 'leak' forcefully from the 'kerb'. At this point the wit work stops—it has encountered resistances that make the dream vague in this area. In the end, the joke is on the analyst; only a residue is left and it is not possible to distinguish the nature of the material that has escaped. The frustration of the patient himself in interpreting the primal scene is reproduced and reversed.

Interest in the occurrence of directly quoted words in dreams has been revived lately by studies of Fliess (6) and Isakower (11), which investigate among other problems the relative participation of ego and superego in such productions. The ambiguity and oracular powers of the spoken word in the dream have furnished much of the folklore and impression of divine communication that centre about this medium, which borders upon the auditory hallucination. Word images, Fliess concludes, are nuclear to both ego and superego and 'the relation of ego and superego, although intrapersonal, has interpersonal characteristics'. This interpersonal aspect is re-established under conditions of

emergency, renewing the original state of superego formation in which the infant craved the protection of the parent.

An interesting illustration of this principle, which also shows the spoken word as derived ultimately from the cry of the infant for the parent, is contained in the following dream. A middle-aged woman whose elder sister was removed in dying condition to a hospital was left to sleep alone in the house with her brother-in-law. With her anxieties and oedipal conflicts thus stimulated, she dreamed that a strange man with a long moustache forced his way through her bedroom door, and she awakened in terror screaming ' Henry, Henry! ' (the name of the brother-in-law). Later, she thought the stranger in the dream looked like a picture of her father, whom she had never seen because of his early death. Here the split between erotic and superego aspects of the reaction to the brother-in-law is apparent, with his name used as a superego charm to dissipate his own evil spirit. Nevertheless, she succeeded by her cry in bringing him into her room.

The quoted word in the dream marks the highest elaboration of the dream work short of transition into normal waking thought. Isakower traces the more regressive forms of language from this point as the primary process becomes increasingly dominant. ' The human being's need for orientation, in the widest sense, is met by speech,' he declares; and in this sense we see the visual imagery of the dream as a primitive orienting and communicative device.

Communicative elements in the dream have their special significance, of course, depending upon their appearance in the manifest content, the latent content, the dream wish or the dream work. The latter, as a ' translation ' of dream thoughts (Freud) is of course itself a form of communication and is the essence of the dream's peculiar features. As such it is a magical attempt to change reality—or, more specifically, the day residue (cf. Roheim, *Int. J. Psycho-Anal.*, 1949, **30**). Freud's allegorical use of the fairy-tale ' The Emperor's Clothes ' to illustrate the components of the dream also tacitly recognizes the interpersonal and intrapersonal relationships that are active in the creation of dreams.

The impostor persuades the Emperor to don an imaginary robe and then appear naked in public. It is the dream work itself that is the impostor, the manifest content of the dream that is the illusory robe; the Emperor himself is the secretly acquiescent dupe and dreamer whose exhibitionism furnishes the dream wish. The public has been trained to accept certain conventional disguises of human aspirations; the child of the fairy-tale, who calls things by their proper names and disturbs the neurotic performance, is of course the analyst. The verbal communications of the secondary process replace the acting out of the primary process and bring the dream to an end.

Similar conflicts between communication in verbal and somatic language are expressed in the dream of another patient that illuminates in addition his latent paranoid trends. In the midst of a growingly conscious homosexual transference, he dreamed: ' I was sitting in the men's room and crapping. Judge X. came in, washed his hands unconcernedly, and then left with the remark, " Come in and see me when you are through! " I was mortified.'

Judge X. might well, for this patient, have stood for the Lord in the Last Judgement—a venerated figure known both for his searching investigations and his incorruptible honesty. The informality of the scene and of his behaviour were quite out of keeping with reality; the mortification of the patient was not. Associations pointed to an occasion when both had waited for a witness to appear—only to learn finally that the man had killed himself on the way to the meeting. The blow was especially severe to the patient as it meant that a great deal of preliminary work to which he had devoted himself with zeal would now come to nothing. Actually the incident had been a turning-point in his career and his illness; his previous rapid rise was now destined to come to a halt.

The words ' Come in and see me when you are through ' brought to mind the recent request of his present supervisor, fraught with the implication of lack of vigour in prosecuting his assignments. In analysis, he had been alternating between depressed feelings that ' Nothing is coming out, nothing will happen ', and urgent appeals for special time and attention from the analyst. The dream fulfils a wish, for example, that friendly and informal meetings will succeed the present period of therapeutic ' crapping '.

Constipation had recently been a troublesome symptom. The need to withhold mortifying information had pervaded his work and habits generally—reviving genetic antecedents. In the dream, the judge is the discoverer of his anal misdemeanours (catches him with his pants down) and exemplifies reaction formation (washing of the hands; also, like the present supervisor,

he washes his hands of the patient himself). As the ego ideal, he is also the cause of the constipation and is the split and projected representative of the retained column of faeces which represents the penis of the anal aggressor. Communication is therefore broken off outwardly by the departure of the judge, while it is established all the more firmly within by sphincter control. The verbal translation is a similar masterpiece of ambivalence: the invitation to ' come in and see me ' is both a sexual overture and a threat of dismissal; moreover, in the reverse sense it is the patient who invites the judge to ' come in ' and see him. The dream belongs fundamentally to the paranoid exhibitionistic type which restores the spectators of infancy.

' One scarcely finds a dream without a double meaning or a play upon words,' Freud declared, and described the natural tendency of the dream to reverse the course of evolution in language from the abstract to the original pictorial and concrete sense. Sharpe's contention that the latter is specifically related in metaphor to control of the sphincters finds corroboration in our own material. The dream itself, as an archaic and metaphorical language, seems to come into being at the point where the sphincters (censors) are first invoked by mental control to regulate intake and output at the ego boundaries, these processes constituting the nuclei of communication. Lewin's dream screen represents the ingestive prototype and perhaps the eliminative as well—for example, as in its frequent association with phenomena of bodily discharge (12). Acute failure of this regulatory function is reflected by the disturbances that affect both sphincters and dream formation in the nightmare (19).

Summary and Conclusions

(i) The dream serves a communicative function—directly in terms of introjected objects, and indirectly in relation to the external world. Both clinical data and theoretical considerations are adduced in support of this proposition. Sleep is not a phenomenon of primary but rather of secondary narcissism, at least after early infancy, and the sleeper shares his slumbers with an introjected object.

(ii) The language of the dream, as an expression of this fact, may be traced regressively from the spoken word to identifications and the sensorimotor interchanges at the ego boundaries. Archaically, dream imagery serves to regulate the latter through control of the sphincters, which are represented in the censorship.[1]

(iii) Impulses to communicate (or break-off communication) may be traced through the approach or recession of objects in dreams, through exhibitionistic and examination situations, etc., through accompanying bed-wetting and orgasms, and through impulses to act out and report one's dreams. Analytic therapy finds the analyst drawn into the intrapsychic as well as external communicative system of the dreamer.[2]

[1] ' The dream relieves the mind like a safety valve ' (8).

[2] Presented (in part) at the Midwinter Meeting of the American Psychoanalytic Association, Dec. 3, 1954.

BIBLIOGRAPHY

(1) Abraham, Karl. ' Shall we have Patients Write down their Dreams? ', *The Psychoanalytic Reader*, Vol. I, Ed. R. Fliess. (New York: Intern. Univ. Press, 1948, pp. 326–8.)

(2) Blitzsten, Lionel, Eissler, Ruth S., and Eissler, K. R. ' Emergence of Hidden Ego Tendencies during Dream Analysis ', *Int. J. Psycho-Anal.*, 1950, **31**, 12–17.

(3) Erikson, Eric H. ' The Dream Specimen of Psychoanalysis ', *Journal Amer. Psychoanal. Assoc.*, 1954, **2**, 5–56.

(4) Ferenczi, Sandor. ' To whom does one Relate one's Dreams? ', *Further Contributions to the Theory and Technique of Psycho-analysis.* (London: Hogarth, 1950.)

(5) Fisher, Charles. ' Studies on the Nature of Suggestion ', *Journal Amer. Psychoanal. Assoc.*, 1953, **1**, 222–55, 406–37.

(6) Fleiss, Robert. *The Revival of Interest in the Dream.* (New York: Intern. Univ. Press, 1953.)

(7) Frazer, Sir James G. *The Golden Bough* (Abridged Edition). (New York: Macmillan, 1947 , p. 553.)

(8) Freud, Sigmund. *The Interpretation of Dreams.* The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vols. IV and V. (London: Hogarth.)

(9) —— *The Origins of Psychoanalysis.* (New York: Basic Books, 1954, p. 299.)

(10) —— ' Remarks upon the Theory and Practice of Dream Interpretation ', *Collected Papers*, Vol. V, p. 145. (London: Hogarth, 1950.)

(11) ISAKOWER, OTTO. 'Spoken Words in Dreams', *Psychoanal. Quarterly*, 1954, **23,** 1–6.

(12) KANZER, MARK. 'Observations on Blank Dreams with Orgasm', *Psychoanal. Quarterly*, 1954, **23.**

(13) —— 'Metapsychology of the Hypnotic Dream', *Int. J. Psycho-Anal.*, 1953, **34,** 228–31.

(14) LEWIN, BERTRAM D. *The Psychology of Elation.* (New York: Norton, 1950.)

(15) MILLER, MILTON W. 'Ego Functioning in Two Types of Dreams', *Psychoanal. Quarterly*, 1948, **17,** 346–55.

(16) RANK, OTTO. 'Der Doppelgänger', *Imago*, 1914, **3.**

(17) SHARPE, ELLA F. *Dream Analysis.* (London: Hogarth, 1937.)

(18) —— 'An Examination of Metaphor', *The Psychoanalytic Reader*, Vol. I, Ed. R. Fliess. (New York: Intern. Univ. Press, pp. 306–25.)

(19) STERN, MAX. 'Pavor Nocturnus', *Int. J. Psycho-Anal.*, 1951, **32,** 302–9.

(20) WINNICOTT, D. W. 'Transitional Objects and Transitional Phenomena', *Int. J. Psycho-Anal.*, 1953, **34,** 89–97.

(21) WINTERSTEIN, ALFRED. 'A Typical Dream Sensation and its Meaning', *Int. J. Psycho-Anal.*, 1954, **35,** 229–33.

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ON THE MOTIVATION OF HUMAN RELATIONSHIPS[1]

A PRELIMINARY STUDY BASED ON THE CONCEPT OF SUBLIMATION

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The Historical Perspective

Before the social sciences emerged, some 200 years ago, human relationships were the domain of religion, ethics, and philosophy. The social sciences, being born in an already scientific age, looked, to further their researches, for something like a basic science of the mind. By building itself on observations, experiments, and statistics, psychology—after breaking away from philosophy—offered itself as such a science, trying to reach close proximity to the natural sciences. The natural sciences, however, are still suspicious of the new ' in-law ', while the growing demand by modern anthropologists, sociologists, and economists to include psychoanalysis within their training syllabus indicates that academic psychology did not quite satisfy their search for this basic science of the mind.

Psycho-analysis did not start out as a philosophy or even as a general psychology to establish the basic dynamics of the mind. It began quite modestly in the neurological clinic, and the status of psycho-analysis as a tenet basic to the social sciences shows a curious example of Hegelian dialectic, looked at from the point of view of its founder. We know from Freud's autobiography that from early youth he was more curious about human concerns than about natural objects. Throughout his schooldays he wanted to study law and engage in public activities. It was under the influence of Darwin and of Goethe's beautiful essay on Nature that he suddenly decided to study medicine. The change from research work in anatomy and physiology of the nervous system to practical work in nervous diseases seems to have been made under external pressure. That this study, starting out with the physical symptoms of hysteria, should lead him ultimately to the discovery of the basic dynamics of the human mind was certainly not expected by him; but perhaps it was not altogether haphazard.

We know that parallel to the clinical studies on the neuroses (see his ' Early Papers ', 1892–1906) he was, without being at first aware of the connection, interested in dreams. Quite privately he jotted down notes—long hidden—on the work of the mental apparatus. After 13 years of detailed clinical observation, however, the *Three Essays* (1905) emerged, a work which, in my view, is the basis for a genetic and dynamic understanding of human relationships. Not that Freud claimed this. He remained the clinician, drawing his conclusions of a more general and theoretical nature from the very field of everyday and clinical observations. The papers dealing more explicitly with problems of human development into civilization and of civilized society (' Civilized Sexual Morality and Modern Nervousness,' 1908; *Totem and Taboo*, 1912; *Group Psychology and the Analysis of the Ego*, 1921; *The Future of an Illusion*, 1927, and *Civilization and its Discontents*, 1930) and those dealing with artistic or religious problems (on Leonardo da Vinci, 1910; Michael Angelo, 1914; Goethe, 1917; Dostoyevsky, 1928; his Moses book, 1937, and many others) are all based on and linked up with clinical observations.

The Hegelian dialectic in Freud's case runs as follows: The little boy interested in the Bible and in human concerns—that is the thesis; became a student of the youngest natural science, medicine—that is the antithesis; and ended up by providing the basic natural science for all the social sciences—that is the synthesis.

I cannot here go in detail into the work of the various authors who, following Freud's example, have applied analysis to the arts, history, anthropology, and sociology. But, while Freud always emphasized that he tried to give psychoanalytical clues to the understanding of the

[1] Read before the British Psycho-Analytical Society on 3 November, 1954 and 19 January, 1955.

problems in these fields, some of his followers fell into the temptation of explaining social phenomena on purely psycho-analytical grounds and overlooked or minimized the underlying social issues.

Some of the attempts on these lines may even have antagonized serious workers in sociology. It appears to me that, instead of giving expert opinions on social problems, analysis could best help those social scientists who turn to it by giving them reliable tools in the form of basic ideas formulated in clear concepts. One of these concepts set down in the *Three Essays* is that of sublimation.

In the course of analytical development, however, this concept has suffered both from overwork and from neglect. On the one hand its status as a technical term became blurred by everyday usage. On the other hand, with the advent of structural psychology, a revaluation of the concept was called for but not carried out. I hope my contribution will explain the reason for this neglect. True, a revaluation of the concept involves the hardship of examining and reviewing many of our basic concepts, but this may well prove worth the trouble, for scarcely any other concept can be so useful in the study of human relationships as that of sublimation.

The Origin of the Term Sublimation and Some of its Difficulties

With the wide usage of the word ' sublimation ' in our analytical work, in psychology, and in everyday language, we tend to forget that sublimation as a psycho-analytical term was first coined by Freud in *Three Essays* in 1905. Up till that time, as any ordinary dictionary (Cassell, Koeller, Merriam-Webster) will confirm, ' sublimation ' denoted a physico-chemical process, as it still does. Chambers' Dictionary (reprint of 1953) gives: 'Sublimation, change from solid to vapour without passing through the liquid state, usually with subsequent change back to solid; a sublimate: purification by this process, elevation, ecstasy, transmutation into something higher; the unconscious diversion towards higher aims of the energy attaching to an instinct.' This definition proves the extent to which Freud's meaning has passed into everyday usage. James Drever's *Dictionary of Psychology* defines: ' Sublimation: term, originally employed by psycho-analysts, of an unconscious process by which a sexual impulse, or its energy, is deflected, so as to express itself in some non-sexual, and socially acceptable, activity; often used loosely of any substitution of what appears to be a higher satisfaction for a lower.' This definition, besides giving psychoanalysis its due, is in fact quite a good one, but at the same time it includes that controversial element of social valuation and prejudice used perforce yet disliked by those analysts who feel that distinctions in terms of social grades are not congenial to the analytical way of thinking.

W. Hoffer has stressed the point that concepts such as ' work ' and ' play ' are socially conditioned and cannot be defined purely analytically. In one of my earlier papers I took my cue from the fact that work is a concept of sociology. Thus, whatever metapsychological definition we may find for it, it has to fit the concepts ' work ' and ' play ' in the sense of any given society, however changing the content and limits of the work- or play-activity may be. Since it was possible to find a metapsychological definition for the social concepts ' work ' and ' play ' (Lantos, 1952), we are encouraged to hope for success in establishing the metapsychological essence of the term ' sublimation ', independent of the variable criteria of social valuation.

Tentative Approaches to Clarification

In my sorting-out process, one of my first ideas was to distinguish between the mental process or mental mechanism of sublimation and the resultant cultural values such as art, science, religion, morals, etc., which are also called sublimations. This idea was found also by one of the early writers on sublimation, Bernfeld (1921 and 1931), who made the same suggestion, namely, to denote the mental process by the German term *Sublimierung*, and the results—arts, science, etc. by ' *Sublimations* '. The German language lends itself easily to such distinctions, whereas in English it would be difficult to find adequate equivalents. On second thoughts, however, I feel that one need not regret this too much, for although the distinction is valid in itself, it does not greatly help with the problem in hand. As we believe that the cultural sublimations, including religion, are not given to us by some higher authority but are the results of the very same process of sublimation, we are left with the question: ' What is the essence of all this—of the process or of the result? ' If anyone wants to feel that there is something divine in religion, art, or science, I have no objection, but the same divine quality must then be inherent in the mental process of

sublimation and in the human mind which carries it out. I must even confess that, in the proper interpretation, I have some liking for this conception.

A second approach which occurred to me in my sorting-out process was to observe the curious fact that sublimation was one of the concepts most readily accepted by that very section of the public (religious or Victorian) which objected to the psycho-analytical emphasis on the importance of sexuality, particularly on the concept of infantile sexuality. If man can direct his instinctual energies to higher religious and social aims—so their argument runs—then sexuality or other low-grade instincts cannot be of such importance. It seems as if the concept has been misused to deny the very grounds out of which it grew, perhaps by confounding infantile and adult sexuality.

Freud's Ideas on Sublimation

Sublimation in the Strict Sense

The term ' sublimation ' was coined by Freud in the *Three Essays* (1905), where the tenets of infantile sexuality were systematically presented and the term ' sublimation ' put forward to denote the change which we find has taken place from the child, intent on sexual pleasure, into the civilized adult. It was found that the pre-genital sexuality of the child is carried over into the genitality of the adult—unless he is a pervert —to a slight degree only. The disappearance of the pre-genital sexuality is a complicated unconscious mechanism. Repression, induced by anxiety of losing love or some other precious thing—when it does not lead to neurosis—is followed by the process of directing the forbidden or unusable energies towards other aims which are non-sexual and of higher social character. The constructive displacement of the pre-genital, that is, for the adult, unusable instinct components was clearly the strict sense of the concept of sublimation.

Reading on, in ' Character and Anal Erotism ' (Freud, 1908) we find that not only incentives towards higher social and cultural activities, but also certain character traits were derived from repressed and then sublimated infantile pre-genital impulses—still sublimation in the strict sense.

Both these usages refer to very early unconscious mechanisms, repeating phylogenesis in the individual's life and forming the civilized human being from the little savage.

Sublimation in the Wider Sense

Was it that the general public distorted this grandiose genetic concept into a superficial moralistic one? In any case, on going further into the question, it would appear that the general public was not altogether wrong in assuming that sexuality in the usual sense is the object of sublimation.

We refer to ' Civilized Sexual Morality and Modern Nervousness ' (Freud, 1908), a paper of great importance albeit not quite unambiguous concerning our question. Although Freud states (p. 84), after describing infantile sexual development, that ' during this development part of the self-obtained sexual excitation is checked as being useless for the reproductive functions and, in favourable cases, is diverted to sublimation ', he examines, in the later part of the paper, how far sexual abstinence in the adult can be maintained without damage and states that ' mastery through sublimation diverting the sexual energy away from its sexual goal to higher cultural aims succeeds with the minority and with them only intermittently ' (p. 88).

In spite of this restriction the statement admits the possibility, and later (p. 92), contrasting the young artist with the young intellectual, Freud says: ' An abstinent artist is scarcely conceivable: an abstinent young intellectual is by no means a rarity. The young intellectual can by abstinence enhance his powers of concentration '; a very definite statement, clearly admitting the possibility of sublimation of adult sexuality.

In the clinical paper, ' Types of Neurotic Nosogenesis ' (1912), Freud states (p. 117): ' There are only two possible methods of retaining health in a continuous state of actual frustration of satisfaction: first, that of transposing the mental tension into active energy, which remains directed towards the outer world and finally wrests from that world an actual satisfaction for the libido; and secondly, that of renouncing the libidinal satisfaction, sublimating the stored-up libido and making use of it to ends which are no longer erotic and thus exclude the frustration.' We recognize that the second method refers to a solution frequently met in our clinical work. One patient, after losing her husband, may resume her former research work in science; another may turn towards welfare work to recover her libidinal balance.

We must note, however, that Freud's and our various instances are by no means on the same level. Freud's young intellectual does some-

thing deliberately (omitting the possibility of neurotic inhibition) to gain libidinal energy for his sublimations. Our widows, on the other hand, relinquished genital sexual life through force of circumstances. For clinical purposes, or for the sake of mental health, we are equally satisfied whether a patient turns to scientific research or to welfare work. From the theoretical point of view, however, the widowed scientist seems to follow the same pattern as Freud's young intellectual, whereas the widowed welfare worker is metapsychologically on an altogether different level.

Sublimations making use of the Plasticity of the Libido

The question arises: Are the sublimations in which they are engaged derived from genital energy? To make our question even clearer, let us add another case to it, one where a widow successfully takes up painting. We shall then see that their sublimations are utilizing sexual energies from very different sources. The scientists use the sublimation of their infantile sexual curiosity and, if the research is, for instance, on some new chemical product, sublimation of anal productivity is also in play; while the painter provides the most often quoted instance of sublimation of original anal smearing pleasure, with voyeuristic and exhibitionistic sublimations added to it.

All this bears out the plasticity of the sexual instinct, showing how its various components can be interchanged; showing, further, that this refers not only to the original sexual impulses, but to their derivatives, their sublimations, as well. Nevertheless, the question is still left open whether genital sexuality can be directly sublimated or only exchanged for sublimations which are made from the raw material of pre-genital impulses. It would be wrong to say that, in the case of Freud's intellectual or our widows, a regression of genital sexuality into pre-genital sublimations has taken place. In spite of the seemingly regressive element, we do not call such cases regression, as long as the mechanism used does not affect the emotional level on which the person functions towards others. We are supposing, in all the cases mentioned, that their emotional ties are on a sublimated, adult level. We are aware that we are here introducing a new element to which we shall later return. For the moment we can sum up by saying that their recourse is to sublimations in the strict sense of the concept; but the shift of the libido from genital to pre-genital, from instinctual to derivative, occurs on a conscious or, rather, pre-conscious level. We could describe this process as taking place in two stages. The first stage is the pre-conscious shift from the genital interests towards something else—this something else, second stage, being sublimations formed by the deflection of pre-genital, libidinal impulses, to other ('higher') aims, that is, sublimations in the strict sense. But at this point we may begin to wonder whether we are justified in using the term 'sublimation' to cover the first stage, the pre-conscious shift of interest from genital gratification to pre-genital sublimations. Let us turn to Freud to see whether we can justify our usage.

In *Civilization and its Discontents* (1930) Freud refers to civilization as the force which (p. 73) '. . . confronts men (he means males) with ever harder tasks, compels them to sublimation of instincts which women are not easily able to achieve. Since man has not an unlimited amount of mental energy at his disposal, he must accomplish his tasks by distributing his libido to the best advantage. What he employs for cultural purposes, he withdraws to a great extent from women and his sexual life. . . .'

This passage is quoted neither for nor against any feministic argument, but for the reason that it shows unmistakably that Freud includes in the concept of sublimation the conscious or pre-conscious process of libido-shift (sublimation in the wider sense) towards cultural activities (sublimation in the strict sense). The libido-shift is a mechanism within the realm of libido economy. It seems to me that this passage covers the case of our widowed research worker or widowed painter.

Sublimation in the Widest Sense: Aim-Inhibition on the Genital Level

But we must still deal with the example of our welfare worker who follows a different pattern of sublimation which could be called 'sublimation in the widest sense'. In taking up nursery work, she is continuing to clean the house, feed people and look after them, just as she did in her married life, but she has exchanged her instinctual objects, from husband and perhaps children—immediate sexual objects—for less immediate ones, that is, for other people's children. The plasticity of the sexual instinct, so far as an interchange on various levels is concerned, plays no part here. The sublimation occurs on the same libidinal level. It is the

affect appertaining to the genital level which is shifted from the instinctual object to objects further from the instinct, involving aim-inhibition of the genital energy. This aim-inhibition of genital energy may be present with the widowed scientist or painter who, as we have said, maintains normal adult emotional ties; but the emphasis here, to fill the gap caused by the relinquished genital sexuality, is on pre-genital sublimations. In the case of the widowed welfare worker, however, the pre-genital sublimations remain unchanged and the emphasis is on the change of emotional ties.

Again we wonder if we are justified in calling this mechanism ' sublimation '. So let us turn once more to Freud.

In *Group Psychology and the Analysis of the Ego* (1921), he writes (p. 118), '. . . those instincts which are inhibited in their aims always preserve some few of their original sexual aims; even an affectionate devotee, even a friend or an admirer, desires the physical proximity and the sight of the person who is now loved only in the " Pauline " sense. If we choose, we may recognize in this diversion of aim a beginning of the sublimation of the sexual instincts, or, on the other hand, we may fix the limits of sublimation at some more distant point.'

So we are reassured in our usage with regard to the welfare worker, but there is still one point on which we would like confirmation. Did Freud really include such different mechanisms all under the same heading, sublimation?

A little footnote in the *Three Essays* to the chapter ' Reaction Formation and Sublimation ' (p. 57), sets our mind at ease. ' In the case which I am here discussing, the sublimation of sexual instinctual forces takes place along the path of reaction formation. But in general it is possible to distinguish the concepts of sublimation and reaction formation from each other as two different processes. Sublimation can also take place by other and simpler mechanisms.' This footnote was added in 1915, and shows that Freud was well aware of his various usages and even classified them by calling some mechanisms ' simpler '. He thus implied that others are more complicated, from the metapsychological standpoint, in that they operate on irreversible, unconscious mechanisms, whereas the simpler ones operate on more pre-conscious reversible levels.

Having settled his mind, as the footnote shows, that the term ' sublimation ' can refer to various mechanisms, he definitely states, in the *Introductory Lectures* (1917, p. 290), that sublimation consists in directing the original instinctual impulse to a higher social aim, the original sexual aim being ' gratification of a component-impulse or the gratification incidental to reproduction, and that " sublimation " is merely a special case of the connections existing between sexual impulses and other, asexual ones.'

The Range of the Concept ' Sublimation '

Nevertheless, the direct sublimation of adult genital sexuality remained an unsolved problem. Fenichel (1945) postulates that it is highly improbable that the sublimation of adult genital sexuality exists. Pre-genital strivings are the object of sublimation. He refers to a very good paper, ' On Sublimation ', by Frances Deri (1938), which stresses the difference between the conditions for sublimation of pre-genital and genital impulses, thus accepting sublimation only in the strict sense explained above.

I have meditated on their argument that pre-genital organs serve two masters, namely, self-preservation and sexuality, while the genital apparatus serves only sexuality; but I would not attempt here to say the last word on that question.

I agree wholeheartedly with Fenichel and Deri that it is worth while to look closer into some loose expressions of genital sublimations where they are actually pre-genital ones serving purposes of genitality. A good illustration of this is the frequent occurrence, often reported in the analytical session, of women starting housecleaning, washing, and feverishly tidying up just before menstruation. I have often wondered why this fit of anal sublimation comes just at this time. Those who easily equate menstrual bleeding with anality would immediately answer that it is the reaction formation against the oncoming dirty process. This answer did not settle the question in my mind, and a sudden recollection gave me a more satisfying explanation. A friend once sadly complained to me of her deep sense of guilt at having had her pet cat sterilized. From time to time the animal withdrew into a drawer containing underwear, prepared a nest, and waited for what did not come. The woman, before menstruation, is like the cat preparing the nest for what does not come, using anal sublimations in the service of the maternal instinct (genitality).

At this point, however, my old question (Lantos, 1943 and 1952; Hendrick, 1943)

arises: Are the woman's activities fully described by saying that she is using, in the service of her maternal instinct, anal sublimations? Are we doing justice to our scientists by saying that they use sublimations of original anal, voyeuristic, or exhibitionistic tendencies in their research work? These tendencies in their sublimated form are certainly contained in their activities as a compensation for the lost or renounced genital gratification. But the following problem remains unsolved: Genital sexual gratification is related to the sexual organs and is brought about by clearly defined neuromuscular activities, accompanied by well-known affects and emotions. In the compensating sublimations, however, other organs, other neuromuscular activities, other mental processes are involved. Knowing that this process of sublimation takes place in two stages and that the genital libido is first shifted to pre-genital processes, which, however, have themselves undergone a transformation, the question needs to be widened as follows: Is the resulting process, with all its constituent parts, to be regarded as a manifestation of this transformed sexuality—genital or pre-genital—and nothing else? It seems that in analytical thought—or rather thoughtlessness—it was often so regarded. But was this really Freud's intention? He was, admittedly, often ambiguous on the question, and this facilitated the misreading; but can we not possibly find the reasons for his ambiguity, or rather his hesitancy to be quite explicit on this question?

Pleasure Principle and Reality Principle in Relation to Sublimation

In the first stage of the theory, hunger and sex were the two instinctual groups which were taken as the dynamic motive forces of all human activities. Analysis was a dynamic psychology in that it traced all human activities back to these primal instinctual motivations, in whatever transformation they might have come to the surface. The changes in the surface manifestations were accounted for by the various mechanisms, processes, and principles operating in the mental apparatus introduced by Freud from the ' Early Papers ' (1892–1906) onwards.

Unchanged instinctual manifestations (eating, intercourse), being direct gratifications of instinctual needs (hunger, sex), were easy enough to understand. They operated according to the pleasure principle as immediate tension discharge gratifications by way of the primary process. The pleasure principle was sufficient to explain these manifestations. It could not be overlooked, however, that human beings were engaged in more than just sexual and food intake-elimination processes. They had to perform complicated activities to procure the commodities (food, clothing, housing, etc.) in the service of self-preservation. These activities, without always yielding immediate pleasure and often involving boredom, strain, and effort, were accounted for by the operation of the reality principle and the secondary process. The self-preservative instincts could not be gratified without the reality principle. They therefore easily compiled with its demands. The sexual instincts, although they could operate and tended to operate on the pleasure principle, had to be restricted to form the civilized adult out of the polymorph-perverse child. They were the unruly difficult ones, not easily complying with the reality principle and, if they did so, often leading to neurotic manifestations, when the reality principle, represented by the ego instincts, enforced their repression in an unresolved conflict.

Last, not least, Freud described sublimations, the nature of which is here under investigation, in comparison, contrast, and combination with the other manifestations just described.

Manifestations of sublimations had the mysterious quality that, although often involving great strain and effort, in obedience to the reality principle and secondary process, like the activities serving self-preservation, they yielded immediate, often ecstatic, pleasure, like the sexual manifestations. They were, however, serving neither self-preservative—at least not primarily—nor sexual needs. They had elements of both sexual and ego instincts. Religion and art showed more of their sexual origin, science more of their self-preservative aim, but, although sublimations had both ego instinct and sexuality, they were somehow neither. They were ' higher '.

In the *Three Essays* (p. 84) Freud gives a hint which can be used to clarify the essence of and the difference between the processes of sexualization and sublimation, suggesting that they might be two processes running parallel but in opposite directions. In effect, in the sexualization within the neurotic process, the forsaken sexual impulse, in repression, encumbers an ego instinct, thereby spoiling the surface manifestation by distorting it into a neurotic symptom, physical or mental. In the desexualization

within the sublimation process, it is as if the ego manifestation reaches back to the old sexual gratification, detaches it from some of its connections, sublimates, 'ego-izes' it, so to speak, but adopts some of its qualities, by which the surface manifestation is enhanced, enriched, and rendered compelling yet at the same time highly gratifying. Hence the compelling but exhilarating force of religious zeal, the transcendent pleasure in artistic creation, and the unrelenting quest for truth in scientific research.

Metapsychological Description of Sublimation in Terms of the First Instinct Theory

Keeping in mind the difference between neurotic and sublimated manifestations, we can say that, as described in the *Three Essays*, pre-genital sexuality attaches to the vital self-preservative, primitive-sensory and intellectual experiences of the child. Consequently, by inference, repressed and sublimated pre-genital sexuality becomes adopted and appropriated by more complicated manifestations of the ego instincts which, by this adoption, change from ordinary manual or intellectual activities into sublimations. Simple skills become elevated into art, child curiosity into research, and ordinary speech and writing into oratory and poetry. By this formulation, sublimation can be defined in metapsychological terms and the accusation of vagueness and social valuation rendered void. The activities of civilized human beings, then, could be seen as either sexual or self-preservative or as a blend of both, that is, as sublimations, all complying with the requirements of metapsychology.

In *Group Psychology* (1921) Freud makes use of the concept of aim-inhibited libido, first mentioned in the *Three Essays*, and employs it to give a far-reaching explanation of human relationships. Although he is undecided whether aim-inhibition could be called sublimation 'in conformity with the requirements of metapsychology' (p. 118) and only later decides (1932, p. 126) to treat it as a parallel mechanism on the same level as sublimation, he describes it as being the most important instinctual vicissitude in the formation of human societies.

By a synthesis of the concepts sexual instincts, self-preservative manifestations, sublimation, and aim-inhibition, human relationships and their motivations can be described in terms of the first instinct theory, metapsychologically, as follows: Human relationships, in order to be permanent, must be based on aim-inhibited libido. Uninhibited genital sexuality, necessary as it is for race preservation, could at its best lead only to the formation of families and not of large communities. Equally, self-preservative activities involving strain and effort may call for co-operation but could not maintain structuralized, organized, permanent communities. Such co-operation may last as long as the particular hardship and special task necessitate, but, afterwards, the group would fall apart owing to indifference, except where libidinal ties had been developed. Societies on a grand scale, overcoming the indifference, rivalry, and hostility of the members, can only be kept together by the mutual bond between the members, based on the common aim-inhibited love of the leader or of the cause. Short-lived communities could not develop the achievements of civilization which need tradition and continuity. These achievements, amounting to our sublimations, in turn contribute considerably to relieve the materialistic lot of human beings, originating in their self-preservative needs.

This presentation, I hasten to say, contains nothing new, excepting the explicit suggestion that we should understand sublimation as a special blending of ego instincts and sexuality. The justification for this suggestion, arrived at by inference, lies in the comparison with the neurotic symptom. It was never in doubt that the neurotic symptom is a compromise of the two, sexual and ego instincts, and not a purely sexual manifestation. Sublimation, equally, is a compound of the two, albeit not a pathological, but a constructive one.

This sounds simple enough. But if it is as simple as that, why did Freud not put forward this seemingly simple solution, thus saving the concept from the accusation of vagueness and terms of social valuation? If the change from animal to man, so impressive and grandiose, was brought about by sublimation, would it not have been worth Freud's while to search into this process with all his usual genius?

To understand why he chose to be ambiguous and non-committal on the concept, covering by the term 'higher' everything he preferred to discuss later, needs further historical review.

Motivations for the Development of the Theory

The beginnings of psycho-analysis, as known officially, were clinical. Research into the aetiology of the neuroses led Freud, much to his

own surprise, to the discovery of the all-pervading significance of sexuality and the existence and nature of infantile sexuality. He took up the challenge. Most of his work in the first twenty years was devoted to the exploration of the sexual 'instincts' with all their encroachment on pathology, everyday life, and cultural manifestations. The posthumous publication of his correspondence with Fliess (Freud, 1887–1902), including a very comprehensive draft, discloses, however, his early interest in the working of the mental apparatus, including an organization which he calls 'ego' and which is clearly the precursor of the system ego as established in *The Ego and the Id* (1923).

This early preoccupation explains why the 'instance' ego which initiates repression and is the censor in dreams, appears as a recurrent yet undefined feature in early Freudian papers. The conflict which leads to repression is described as taking place between the ego instincts and the sexual instincts, the ego instincts having the same function as the 'instance' ego. Yet the relationship of the two, and their respective position in the theory, were not explicitly stated. They were implicitly taken as synonymous, just as the ego instincts were implicitly taken as synonymous with the self-preservative instincts. The ambiguity of the equation, ego 'instance' = ego instincts = self-preservative instincts, could have been at the back of Freud's mind, contributing to his hesitation to use the various factors of the equation in the definition of the concept sublimation.

Hitherto it has been maintained that ego psychology was necessitated by Freud's clinical interest expanding from the psycho-neuroses to the psychoses. This is certainly true, but I wonder if it is the whole truth. The recognition of the vagueness and inadequacy of the concept 'ego instincts' must have been just as relevant a motive to further the development of the theory. This, as we know, took place in a series of steps, the first towards more embracing working hypotheses being the introduction of narcissism. But, although the concept of the libido was now extended to the former non-libidinal concept of the ego, it was still left open how far this ego was meant as an 'instance', in some way differing from instincts, and how far it still coincided with ego-instincts.

The necessity for investigating the ego instincts and the difficulty of this task are both considered by Freud in *Instincts and their Vicissitudes* (1915a), where he points out that 'the line of investigation (meaning investigation of the psycho-neuroses) produced hitherto information of a more or less definite nature only in regard to the sexual instincts. . . . With the extension of psycho-analysis to other neurotic affections, we shall find a basis for our knowledge of the ego instincts also, though it would be optimistic to expect equally favourable conditions for observation in this further field of research.' (p. 68.)

It is in this paper that he makes his last plea for the ego instincts as independent entities. At the same time he takes a further important step by bringing the significance of aggression into full relief. Gradually it was borne in upon him that aggression was something more than just a component instinct responsible for sadism, when the sexual instinct came under the sway of the aggressive self-preservative instincts. Aggression, he maintains—confirming the view already expressed in the *Three Essays*—belongs to the instincts of self-preservation. This view, although modified in the last formulation of the instinct theory, possesses an implication to my mind still valid, and it will prove useful to remember it in our considerations, since it makes for better understanding of complicated human relationships.

The introduction of narcissism, the recognition of the importance of aggression, the clinical study of melancholia (Freud, 1917b) and observations on group phenomena paved the way both to the formulation of what we call, for the sake of brevity, the second instinct theory and to the establishment of structural psychology. They are often perceived as two parallel lines in theory formation. Actually, they are completely interwoven, as they are merely various aspects of the very same problem, namely: If the ego instincts, like the sexual instincts, are libidinal, is there only one instinct group and has the basic dualism of analytical instinct theory been abandoned? The answer was the second instinct theory, introducing aggression. Further, if ego libido had the power to induce repression of sexual libido, but not the reverse, there must have been some further qualifying factor between ego and sexual libido. Indeed there was, and the answer was structural psychology, changing the term ego instincts into the system ego.

New Formulations in the Instinct Theory

To start with, the dualism of the analytical instinct theory, a dualism so essential in a

psychology which acknowledges, or rather builds itself on, the dynamic importance of the conflict, was fully maintained in the second instinct theory. In appreciation of the importance of aggression, which, as shown in melancholia, can turn from the object, by introjection of the object, against the subject's own ego, Freud suggests in *Beyond the Pleasure Principle* (1920) as a tentative working hypothesis, the acceptance of two instinct groups, different from those in the first instinct theory. One group contains the libidinal all-uniting creative life instinct, love, Eros; the other, in contrast, the instincts of aggression, destruction, death instincts. The suggestion of the synonym death-instinct linked up with the new concepts of primary masochism and with the Nirvana principle. Masochism, as shown in melancholia, has been considered as secondary; ' a recoil of the sadism on to the ego itself '. But this view was now extended by the assumption that the recoil may be a return to an earlier phase, a regression. ' Masochism may also be . . . primary ' (Freud, 1920, p. 70). The Nirvana principle, a name accepted by Freud on Barbara Low's suggestion, refers to the function of the mental apparatus of keeping stimuli on an equal, possibly low, level with the ultimate aim of returning everything living to the original inorganic state. The tentative suggestion of this new grouping was, subsequently, accepted by Freud as valid although he did not definitely abandon the first grouping. This fact, as well as the synonymous usage of the terms life instinct, love, Eros on the one hand, and aggression, destruction, death instinct on the other, certainly made the orientation difficult. In spite of Bibring's (1941) very interesting paper, the relationship between the two instinct theories for practical and clinical use remained confused.

For those who, like myself, have for years pondered this difficulty, a formulation to be found in one of the last passages of the *Outline* (Freud, 1938) comes as the most simple yet most illuminating solution. It proves implicitly that any attempt to synchronize the two instinct theories would be futile. They are on different levels and can be brought together not by synchronization but by a synthesis. The passage in the *Outline* (p. 67) runs ' Within the id the organic instincts operate which are themselves composed of fusions of two primal forces (Eros and destructiveness) in varying proportions and are differentiated from one another by their relation to organs or systems of organs.'

According to this, the self-preservative organic instincts, breathing, eating, and eliminating, as well as the pre-genital and genital sexual organic instincts, are equally composed of fusions of the two primal forces, Eros and aggression. By distinguishing the set of the first instinct theory as organic instincts, from the set of the second instinct theory as primal forces, Freud settles the question without difficulty. Self-preservation and sexuality both fall within the bounds of Eros (as stated explicitly in the *Outline*, p. 6), but do so equally within the bounds of aggression. The latter statement, contained in the idea of fusion, was never made explicitly and led to much confusion. I would, therefore, like to emphasize it here very explicitly and to add that, to my mind, there is more of the organic instinct sexuality within the bounds of the primal force Eros and more of the self-preservative organic instincts within the bounds of aggression.

I would further strongly suggest that we accept the above passage of Freud in its strictly literal sense and henceforth refer to Eros as life force, to destruction as the aggressive force, and reserve the word ' instincts ' for those organic needs which make a demand on the mind for their gratification, whether they serve self-preservation or the preservation of the species.

Structural Psychology and the Concept of Sublimation

The second instinct theory had disposed of the concept of ' ego-instinct '. Hunger and elimination were there included as the organic instincts of self-preservation, but all the other activities, necessary to satisfy the complicated needs of self-preservation, were taken over by the instance, or system, ego. From 1914 onwards, the term ego-instinct is gradually and implicitly changed in Freud's papers into the term ego, as representing the personality, the subject, in contrast to the object. It is used in this sense in *Mourning and Melancholia* (1917b) and in *Group Psychology and Ego Analysis* (1921). In *The Ego and the Id* (1923), Freud explicitly establishes the ' ego ' as a structural entity, as the controlling instance of the instincts, represented by the ' id '. This explains the formerly assumed power of repression of the ego instincts. It is not the ' ego instincts ' which have this power but the ' structure ego '. The unconscious conflict, basic for analytical theory, retained its validity but was explained as a structural conflict, a conflict between the ego and the id, not one between instincts.

According to Freud's clinical approach, the defensive functions of the ego, involving conflict and pathology, were studied first. The energic aspect of the instincts, distinctive to dynamic psychology, was never lost sight of. If repression did not operate in a way producing symptoms, the repressed instinct must have some other outcome. The concept of sublimation, based on the concept of redirecting and utilizing repressed unusable energies, should have been of particularly good use in structural psychology. Instead of the vague expression ' higher cultural activities ', one could have then used ' ego activities ', that is to say, unusable sexual energies were directed towards and combined with ego activities. Freud hesitated to substitute ego instincts for higher cultural activities because the ego instincts seemed to be no less primary, in no way higher, than the sexual instincts. But would it not have been simple to substitute ' ego activities ' for ' higher '?

In *The Ego and the Id*, this problem clearly occupies Freud's mind when considering the question of where the 'instance' ego obtains its energies, and what kind of energies they are. It must be ' desexualized libido, it might be also described as sublimated energy ' and ' we arrive again at the possibility . . . that sublimation may take place regularly through the mediation of the ego ' (p. 64). Does then structural psychology, in its further development, give us new information on the concept of sublimation?

Freud's Wavering about the Concept within the New Terminology

In *Instincts and their Vicissitudes* (1915a), Freud expects difficulties when undertaking research into the ego-instincts (p. 68) and stresses our familiarity with the sexual instincts, which ' are capable of activities widely removed from their original modes of attaining their aims (sublimation) ' (p. 69). In the same paper, after discussing the vicissitudes an instinct may undergo, namely, ' reversal into its opposite, turning round upon the subject, repression, sublimation ', he continues (p. 69), ' Since I do not intend to treat of sublimation here and since repression requires a special chapter to itself, it only remains for us to describe and discuss the two first points.' We know that the chapter on Repression (1915b) was published soon afterwards, but the chapter on Sublimation was never written.

A review of Freud's papers on ego psychology confirms that, in the second stage of the theory, the grandiose concept contained in the *Three Essays* was little used. (An exception is *Civilization and its Discontents*, where the concept assumed an important but almost sinister aspect, very different from its original positive one. The reasons for this change in Freud's mood were based on historical observations of a very disheartening kind, a problem to which we shall return in the future.) It occurred to me, however, that this disuse of the concept is intrinsic; for ego psychology overlaps to a great extent the concept of sublimation. In developing ego psychology and the concept of the super-ego, Freud must have seen this overlap. He certainly saw the intricacies of applying the term sublimation to what had been formerly called ego instincts and may, temporarily, have lost interest in the concept. Or rather he had first to provide the tools to put the concept in its right perspective in the new terminology. The synthesis of ego psychology and the concept of sublimation had still to come.

A genius, opening up and exploring new territory, particularly such a vast one as the human mind, works against time. Freud himself had no time to apply all his visionary views and to settle systematic synchronizations of his own hypotheses. He started to do so in the *Outline*, but was not able to finish, and the process of further application, sorting out, integrating, and synchronizing is left to our care.

In the *New Introductory Lectures* (1932), although many years had elapsed since the introduction of structural psychology, he still grapples with the problem of the instincts of self-preservation and the ego ' instincts ' and says (p. 127), ' The sexual instincts are remarkable for their plasticity, for the facility with which they can change their aims, for their interchangeability—for the ease with which they can substitute one form of gratification for another, and for the way in which they can be held in suspense, as has been so well illustrated by the aim-inhibited instincts. It would be convenient if we could assert that these characteristics do not apply to the instincts of self-preservation, and that the latter are inflexible, do not allow of delay, are far more imperative and respond quite differently to repression and anxiety. On reflection, however, we see that this peculiarity does not apply to all the ego-instincts, but only to those of hunger and thirst, and is clearly due to the special nature of their instinctual sources. A great deal of our perplexity also arises from the fact that we have not

devoted any attention to the alterations which the instinctual impulses originally belonging to the id undergo under the influence of the organized ego.'

There must have been some reason why Freud reverted here to the term ' ego instincts ', long ago abandoned—a memento of problems still unsolved. He possibly sensed, somewhat uncomfortably, that, without considering the alterations of id impulses belonging to what had formerly been called the ego instincts, the kaleidoscopic varieties of human activities and relationships which make our civilization cannot be understood. These considerations, however, distinguishing the constructive from the defence mechanisms, he left to be taken up by others. While, in *Inhibition, Symptom and Anxiety* (1926) he gave a systematic survey of the defence mechanisms of the ego which was enlarged and further developed by Anna Freud's (1936) classic paper, he never gave a parallel description of the constructive mechanisms of the ego. It is possible that the distinction made no impact on his mind, which all the time strictly adhered to psychopathology. Was this strict adherence an over-compensatory faithfulness to the clinic, to medicine, to the ' détour ' which he voluntarily undertook away from his original interest in ' cultural problems, which fascinated him long before when he was a youth scarcely old enough for thinking ' (p. 133, Postscript to Freud, 1925). Was it over-faithfulness to his motto, prefacing the *Interpretation of Dreams* (Freud, 1900): *Flectere si nequeo superos, acheronta movebo?*

These by-passed functions we can call, in Freud's own terminology, the psychological and constructive functions of the ego, as defined in the *Outline* (p. 69). The ego's ' psychological function consists in raising the processes in the id to a higher dynamic level . . . its constructive function consists in interposing between the demand made by an instinct and the action that satisfies it, an intellective activity. . . . The ego has set itself the task of self-preservation which the id appears to neglect . . .' The self-preservative activity of the ego, however, is narrowed down in the further text to defence against dangers, threatening from both the environment and the id. It appears that Freud disregards the fact that the ego's task in self-preservation cannot be fulfilled by solely defensive measures against external dangers. Maybe, not being a clinical problem, it had no further interest for him. It appears further that the mention of the id-dangers makes him glide away easily from external reality into the discussion of the defence mechanisms against the id and their consequences (p. 70). In taking the genetic approach, he continues to describe how the weak ego of the child deals with the dangers peculiar to that period of life. Children are protected by the parents' care against outside dangers for which, however, they have to pay by a fear of losing their parents' love. To keep this love in reality and to avoid phantasied castration as a punishment for genital wishes, they make attempts at defence (repression). When the defence miscarries, we have the neurosis as a result of civilized upbringing.

Here Freud goes back to pathology, and we are left, missing both the questions and the answers: (1) Is it only protection against external dangers which the child needs for survival? Obviously, it needs more. The parents have not only to protect but also to provide for their children. (2) What happens to the adult when he is no longer protected and provided for by parental care? Obviously he has to do his own protecting and providing. (3) What are the dynamic forces and structural conditions of the mind which enable the adult to protect himself against external dangers and to provide the commodities necessary for his and his family's self-preservation? What are, in dynamic and structural terms, the instinctual energies originally belonging to the id, and the alterations under the influence of the organized ego? The nature of these instinctual energies and their alterations perplexed Freud but remained undiscussed. In any case, he seemed to find that sublimation—the vicissitude of the sexual instincts—was not the full answer to this question. But although he again and again shelved the problem of the constructive self-preservative functions of the ego, it must have been somewhere at the back of his mind—and the concept of sublimation, unsatisfactory in this respect, was shelved with it.

Sublimation and the Various Schools

The very ideas, shelved at certain points of their development, may sometimes usefully be taken up when conditions necessary for their further development allow of their realization. Mankind's eternal dream of flying, expressed in all mythologies, took shape in Leonardo da Vinci's workshop. But it remained on the shelf. Prerequisite technical and scientific conditions prevented its fulfilment. Much later,

Leonardo's shelved problem was taken up by workers who, not possessing Leonardo's genius but benefiting from the amenities of scientific development, could yet make a success where Leonardo had failed.

One is deeply conscious of being as it were a post-Leonardo worker when trying to rehabilitate Freud's grandiose concept of sublimation. One builds on the solid foundations laid by him, using the tools which he left to us without having fully used them himself. All the good work done by A. Freud, Bibring, Hartmann, Hendrick, Kris, Loewenstein, Menninger, Rappaport and many others has been utilized. As a result I came to the conclusion that it is precisely the concept of sublimation, shelved and neglected, which may now provide the missing link in Freudian theory.

It is not by mere chance that those followers of Freud who paid less attention to structural psychology and remained predominantly interested in the unconscious (M. Klein, 1952) have clung to the concept of sublimation in its original high repute, even overstretching and inflating it. Others, who followed the line of structural psychology and who saw in the ego more than a purely defensive organization, found fault with the concept at exactly the same point where Freud had: the concept of sublimation failed to explain all the complicated manifestations of human beings.

Hendrick (1943) working out ' in contrast to the defensive ego ' the concept of the ' primary or executant functions ' of the mature ego and of the ' partial ego functions ' of the child, rightly objected to speaking of an efficient housewife's activities as mere anal erotic sublimations, even though these may play their part.

Hartmann was the first to take up the constructive, independent, as he called them, functions of the ego, and he suggested the very helpful concept of the autonomous ego.

From 1939 onward, in extensive collaboration with others, he investigated the structural changes which differentiated the mind of man from those of all other animals. The part played by the structure ego linked up with the much-discussed difference between animal instincts and human drives (Hartmann, 1948) and was described further in terms of the independent functions of the autonomous ego (Hartmann, 1950). The importance of internalized aggression in the formation of psychic structure (Hartmann, Kris, Loewenstein, 1946) was rightly stressed, and aggression, the parallel primal force to libido, studied, although later than by the English school, but on structural lines (Hartmann, Kris, Loewenstein, 1949). Aggression was also studied clinically and theoretically by Menninger (1938 and 1942). They all took the hint from *The Ego and the Id*, where Freud considered the structural aspect of sublimation, saying (p. 64): ' Sublimation may take place regularly through the mediation of the ego.'

The energic aspect of the various systems of the mind and their mutual relationships were widely discussed (Symposium, 1952), including questions of sublimation and neutralization. Neutralization, in this sense, was a term suggested by Hartmann as analogous to sublimation with regard to aggression. To avoid misunderstanding, it should be noted that Freud used the same term to denote neutralization of aggression by libido. In the Symposium, Hartmann suggested taking neutralization as the widest possible concept, including sublimation.

Still, from a study of the various authors of this school one gains the impression that the concept of sublimation is viewed with some suspicion. To quote at random, Kris (1953) remarks: ' Such observations . . . describe what, with a term which has grown somewhat loose, we mean by sublimation.' Rappaport (1951), in a footnote to a paper of Hartmann's, refers to the ' obscure issue of sublimation '. What was it that made the issue loose and obscure? And must it remain so? An attempt will be made, by means of a new approach, to bring the concept out of the twilight.

Re-examination of Some Current Concepts in the New Terminology

I would like to take my cue from the fact that, in the human child, sexuality is all-pervading. His oral and anal sexuality, his component instincts—exhibitionism, voyeurism, sexual curiosity—all express the fact that his primitive self-preservative functions, his sensory motor activities, his beginnings of thinking, are all cathected, not only with self-preservative libido, but sexual libido as well.

In what follows we try to give an explanation for this remarkable fact and we put forward the suggestion that the essence of infantile sexuality be understood as the sexualization of aggressive phylogenetic drives.

Libido, Erotogenic Zones, Sexual and Zone-specific Libido, Auto-erotism

From *The Ego and the Id* onwards, Freud speaks of desexualized libido—indicating that libido is not only applied to the sexual instincts but denotes the driving force behind both sexual and self-preservative instincts.

When stating, and this must be stated, that sexual libido relates to the human object, while self-preservative libido refers to the respective object of the drive (food, faeces, etc.), how does that compare with what is described in the *Three Essays*? There, Freud describes in detail how sexual excitation attaches itself to everything which happens in the organism, even to painful experiences (masochism). He says that this close connection is peculiarly infantile in character, decreasing in later life.

If sexual libido attaches itself to every life manifestation, physical or mental, of the infant, how can the statement that sexual libido is specifically related to the human object be verified?

Freud speaks of erotogenic zones, oral, anal, and genital, being the chief sequences in libidinal development. But every organ can be an erotogenic zone, that is, every organ can yield libidinal excitation and pleasure.

Let us suggest that by ' erotogenic ' we mean that the organ or zone can yield, when activated, libidinal pleasure.

Freud further says in the *Three Essays* that this pleasure is twofold. Every organ has a double cathexis, as an organ of self-preservation and as a sexual organ. Since the second instinct theory, we can say that it is cathected with self-preservative and sexual libido. So let us suggest that we call the self-preservative portion of the libido ' zone-specific libido ' and reserve the term ' sexual libido ' for everything connected with the human object.

We can say then that the sexual libido adhering to the oral zone expresses the driving force towards and pleasure in relationship with the human object. It is not the driving force towards and pleasure in food intake itself. The driving force for that is the zone-specific libido, in this case hunger, and its object is not the mother, not even her breast, but the product of the mother, the milk from the breast, that is, the food. The baby's pleasure in sucking is twofold: it is the zone-specific pleasure of gratifying his hunger and the sexual pleasure of clinging to the mother, being touched by and touching her, which is clearly more than just the pleasure of food intake. Thumb-sucking shows that he wants the mother so much that, in her absence, part of his own body has to replace her. Freud calls this ' auto-erotic ' gratification, substituting for the object part of one's own body.

Nevertheless, in early theory, he was ambiguous on this question. He classed oral and anal sexuality under the auto-erotic sexual component instincts, at the same time observing the child's love for the mother as an object. ' The mother's breast has become the prototype of every relation of love. The finding of an object is, in fact, a refinding of it ' (Freud, 1905, p. 99).

He settled the question later (1913) when he definitely stated that object choice takes place long before genital primacy is reached, but the object relationship is expressed in terms of a pre-genital zone, that is, in oral or anal terms.

Applying the new terminology, we have then to say that zone-specific oral libido is not auto-erotic. It has an external object—food. Zone-specific oral libido can only for a very short time be replaced by auto-erotic thumb-sucking, and we can state that hunger is not auto-erotic. Oral sexuality is, by its very definition, in need of the object. The object, in its absence, can be replaced by thumb-sucking, which then becomes a comforting, auto-erotic gratification for an instinct which is primarily object-seeking. We can make the comparison with phallic or genital masturbation. It is then an auto-erotic form of an object-seeking sexual gratification, replacing the missing object; the phantasy provides what is really wanted, and the auto-erotic physical act is a second-best way of discharge for the physical sexual energy. I speak of, as it were, normal masturbation in emergency, when the object, for external reasons of any kind, is unobtainable.

Bearing in mind that every organ is an erotogenic zone, we shall find that there are erotogenic zones which are much more essentially auto-erotic than the oral zone. Physical movements or manipulations of all kinds, involving the neuro-muscular apparatus and the skin, can yield intense erotic pleasure without being in need of any external object. We know, however, that in the child more than in the adult even this essentially auto-erotic pleasure is sexualized. The child enjoys intensely being tossed up by the adult. It sexualizes this essentially auto-erotic pleasure. The auto-erotic pleasure is due to the zone-specific libido of this organ system, the pleasure in movement being essentially the gratification of zone-specific libido. But the

result of the early connection with the sexual object sexualizes the function in a way to make for a blending of zone-specific and sexual libido so that it is, in the end, difficult to separate the primary zone-specific essential auto-erotism from the object-replacing auto-erotism.

The concept of auto-erotism can best be understood as zone-specific libidinal gratification which needs no external object, neither food nor human. Secondarily, it can serve the purpose of replacing the object, but only the sexual object. Further, essentially auto-erotic libido can, and regularly does, in the child, join in the sexual relationship with sexual libido or, rather, can lean on it, as in learning to walk, and can produce a blending.

Narcissism. Primary Object Love versus Primary Narcissism. Need-satisfying Object versus Love Object. Narcissistic versus Anaclitic Love.

We are often faced with the puzzling problem that the child sucks the thumb even when satiated and in the very presence of the sexual object. Some more concepts have to be brought in here. Freud coined the terms ' Narcissism ': ' Primary ' and ' Secondary '. Narcissism means loving oneself: primary narcissism, loving oneself primarily; and secondary narcissism, loving oneself instead of the object. He says that the infant starts out in primary narcissism, knowing of nothing else but himself, loving nothing else but himself. But Freud says that the primary love object of the child is the mother, every subsequent finding of an object being actually a refinding.

This contradiction resolves itself, to my mind, in a polarity. Primary object love and primary narcissism are one and the same. The child loves the mother as she is part of himself; he, therefore, loves himself in loving her. Actually, in a way, it is the same for the mother; the mother loves the baby as she loves herself, an interesting polarity between the most unselfish and the most selfish love.

The same polarity exists, in the early mother-child relationship, between love for the need-satisfying object (A. Freud, 1954) and real object love. The baby loves the need-satisfying object who, at the same time, is the sexual object. He loves her even between the feeds, not only in anticipation of the good food but as his sexual object.

A further polarity exists here between narcissistic and anaclitic love. The baby loves the mother because she is like him, she is part of himself (narcissistic love); but he loves her because she has everything he needs and he wants her to give it to him. The mother not only likes to give it to him but, biologically, needs to give it. She is in need of being sucked out. The anaclitic aspect of love returns on the genital level where man and woman need each other for what is different and yet complementary in them. Genital love is easily disturbed by narcissistic (that is, identification) love, leading easily to rivalry and jealousy between the lovers.

We have not yet exhausted all the aspects of thumb-sucking. We have to make further relevant explorations before returning to it again.

The System Ego

The sadism of the anal sadistic phase was taken as partly due to the nature of the process itself—partly to the fact that the executive organ system of aggression, the musculature, was, on maturational grounds, activated at the same time. Or rather there were two parts of the same process, as the control of the bowel movements presupposes the maturation of the anal sphincter which is part of the voluntary musculature. In terms of structural psychology, the child has to bring his anal functions under ego control, the ego containing a projection of every organ. The projection of organs is first only in the id, guaranteeing the physiological function of the system; the child eliminates, of course, from the very moment of birth. But no influence can be exerted on the function before, as a result of a maturational process, the projection of the organ—any organ—is established in the system ego, the system connecting the organism with the external world. Only then can the organ change from an id-organ into an ego-organ, and the id activity change into ego activity. The maturational process in the organ system and the maturational development differentiating the ego out of the id, may be two connected parts of the very same process. ' The psychological function of the ego consists in raising the processes in the id to a higher dynamic level (perhaps by transforming freely mobile into bound energy) ' (Freud, 1938, p. 69).

This change from id activity into ego activity takes place much earlier in respect of the sucking reflex (W. Hoffer, 1949), giving the physiological proof of the analytical assumption that oral primacy comes first in development.

At this point I would suggest adhering

strictly to the term 'ego functions' when speaking of perception, memory, learning, thinking, co-ordination, integration, reality testing, etc. These are all functions of the system ego, just as the processes from the mouth to the anus, including the visceral processes, are all functions of the digestive system. I would like further to suggest speaking of 'ego activities' as distinct from 'ego functions' when we refer to the function of any organ under ego control. Bowel function, after habit-training, is an ego activity, in contrast to untrained bowel function, which is an id activity. This description of the system ego, defined by its functions, covers, I believe, the concept of Hartmann's autonomous ego.

What makes understanding sometimes difficult is not the fact that the system ego has, like any other system, a specific function, but the fact that this function consists, *inter alia*, in connecting all the other systems of the organism, thus rising above all the others and changing their mode of function. By way of illustration, the hero, the leader, or the genius is at the same time merely one member of the human race but, by some special qualities of his own, he attains a special position which results in his organizing the others and possibly changing the whole function or status of his given society, temporarily or permanently.

The Phylogenetic Super-ego

The human child, up to a considerable age, unlike other animals, cannot survive and cannot effectively exert any influence upon the external world without the interpolation of a human object, usually the mother. She is consequently the first object of his libidinal or aggressive cathexis. A human object cathected with libido or aggression or both is a sexual object. We shall refer henceforth to the mother as the child's sexual object. At the same time, the mother is not only one sexual object of the child but the representative of an infinitely long chain of earlier sexual objects, reaching far back into infinite phylogenesis. These phylogenetic objects left their traces in the id of the human being, traces widely different from that of other animals. They are actually different in each animal species, and to a lesser degree, vary from one individual of the species to the other. The variations between individuals are likely to be greater in the human species than in other species, according to the infinite permutations of the longer evolution.

These phylogenetic traces, our archaic inheritance, form the latent endowment of our skills and talents. They clearly predetermine what the external world can bring out in the individual, but, on the other hand, they need a human object, endowed with the same qualities, before the skills, etc., can be brought out. We can call these endowments the latent unconscious super-ego endowments. The very last unfinished sentence in the *Outline* bears this out (p. 80): 'In the emergence of the super-ego we have before us, as it were, an example of the way in which the present is changed into the past. . . .' Successful identification will result in the introjection of the object, forming the ontogenetic super-ego, which, after the introjection, joins forces with the unconscious phylogenetic super-ego.

The question still remains: Why can the child's ego, the connecting organ with the external world, not reach the external world without a human object? Why is the human child unable to do what other young mammals can, that is, live on their own wits almost immediately after birth? The reason is that animals have congenitally provided, stereotyped, automatic, guiding principles, their instincts. Their instincts guide and command them to do whatever has to be done for the survival of the self or of the species. They have, further, a perfect physical equipment which operates adequately soon after birth in answer to the instinctual demand. The newly-born child is the most helpless of all animals. He has infinite potentialities but no guiding principle to bring them into action. He certainly has instinctual needs, originating in the interior of the organism, but, at the outset, not the slightest possibility of gratifying them without the help of a human object. This object has to make up for the child's physical deficiencies and has to teach him how to use his latent potentialities.

THE INSTINCTUAL SEQUENCES

By reason of this fact, analysts, appreciative of the structural aspect, suggest a distinction between animal instincts and human drives, a suggestion we readily follow. To demonstrate this same aspect, I suggested (Lantos, 1952) the concept of the unbroken and broken instinctual sequences. 'With the animal, need, urge, activity and gratification follow each other in an *unbroken* sequence—that is, the instinctual need, say hunger, activates the urge to gather food, to capture the prey and devour it, which amounts

to satisfaction. This sequence is *broken* with the human being. Here, hunger is followed by eating—but the activities of procuring food, etc., are carried out outside the sequence and have lost their connection with the original need.'

It appears that just those activities which have broken loose from the original instinctual drive and lost their original instinctual motivations were the ones which perplexed Freud.

They were all the complicated activities which human beings perform in the wide range from primitive agricultural to most complicated industrial activities. They are highly organized ego activities. But where is their instinctual basis?

To answer this question, we have to realize that the maturation of the ego and its development under the influence of environment is a gradual process. We want to describe an ego activity, for instance, walking, which is slightly different in structure from habit-trained bowel function, yet less perplexing than the ego activities mentioned above. Once it has been established, walking in the erect position is an essentially auto-erotic activity, but it cannot be established without a human object. To acquire it, the child identifies with the object, introjecting this part of the object, the introject joining the phylogenetic part super-ego. After introjection, the child gradually abandons the object relationship in that respect, and the introject, joined with the phylogenetic part super-ego, recedes into the unconscious ego. It takes time for this process to become stable, even irreversible, resulting in an independence from the object. That is, the essentially auto-erotic function has to be sexualized to be acquired—and can be desexualized after it has been acquired.

At the outset, walking needs great concentration and effort and is performed by leaning on the object; in time, it becomes automatic, that is, its governing super-ego has receded to the unconscious ego and the function is even disturbed by conscious concentration.

This formulation supposes that every conscious function has a super-ego element which governs it from the preconscious, helping and sometimes replacing the ego. The super-ego is, therefore, not only a moralistic, punishing instance, but a guiding one also. I would go so far as to say that, in normal development, the guiding influence preponderates. The importance of this aspect, however, is obscured by the fact that the super-ego's participation in controlling oral greed and anal dirtiness provokes much more resistance and is a much more spectacular process.

The difference between walking and bowel activity is as follows: Elimination functions from birth on the strength of an obvious instinctual drive. Habit-trained bowel activity we could, more precisely, call an ego-controlled id activity. The instinctual source of walking is in the neuro-muscular system. Crawling is the precursor of it, analogous to elimination as an id activity. Crawling, obviously, is the ontogenetic appearance of the phylogenetic activity of running on all fours. In some children, running on all fours remains under primary repression (crawling being by-passed) and is brought out within the object relationship directly as the ego activity, walking.

The New Concepts of Primary Sublimation and Primary Ego-activities—Based on Primary Repression

At this point we have to remember a very early Freudian concept, little used, and sometimes misused. It is the concept of primary repression (Freud, 1915b). All the repressions to which we refer in our clinical work are secondary repressions. Therefore, when we say 'repression' we usually mean secondary repression, that is, repression of libidinal impulses once, however vaguely, consciously cathected. Perhaps it is even more useful to say that secondary repression refers to ontogenetic repression, repression effected in the individual's life. Repression of infantile sexuality is, consequently, secondary repression.

Primary repression is the term for contents which never entered consciousness in ontogenetic life. The transitional phenomenon of crawling illustrates how I understand and intend to use the concept of primary repression. My thesis is that archaic instinctual energies which are under primary repression become activated into primary ego activities, and I suggest calling this process primary sublimation.

Crawling on all fours is not always under primary repression. In most children it comes to the surface transitorily. There are, however, other highly dynamic aggressive energies under primary repression, neutralized by object libido into primary ego activities. With the help of the sexual object—the precursor of the ontogenetic and representative of the phylogenetic part super-ego—these mobile, primarily

repressed, unconscious energies become bound and expressed in ego activities.

We have good use, then, for neutralization in the original Freudian sense, meaning that libido = Eros neutralizes aggression. I like to think that Hartmann's suggestion that neutralization should be taken as the widest term is, in some way, related to this.

What, however, are the highly dynamic primarily repressed aggressive energies? We never form a clear concept of what the contents of primary repression might be. We refer vaguely to cannibalism, but I cannot help wondering: Was cannibalism of such general importance in man's pre-history? Phylogenesis in animal life does not bear this out, as it is not a regular form of survival for animals to feed on their own kind, even if they sometimes eat their litters.

Some decision on this question would be of far-reaching importance for theory and technique, but this is a question for future consideration.

However that may be, what I am driving at is that the content of the primary repressed must be more or other than cannibalism. The instinctual impulses under primary repression must contain all the tearing, biting, roaring activities carried out by jaw and claw activities, which served the animal's needs for self-preservation within the 'unbroken instinctual sequence'. Man's hunger may make him angry. He may go to war through scarcity of food and kill the neighbouring tribe for the possession of pastures or subjugate even distant countries for raw materials and markets. But he does not tear the animal he eats to pieces with his nails. In any case he could not, and he would not swallow it half-alive. My argument is that when men kill each other in the struggle for food, this does not happen on the oral level of the animal, that is, by claws and jaws. On the contrary, for the purpose of killing, the most scientific and impersonal methods are involved. But these considerations must form the subject of a future contribution.

My thesis is, therefore, that primary repression of these tearing, biting, roaring, earth-scratching, migratory impulses is countercathected and subjected to primary sublimations. These impulses give their neutralized energies to the development of abilities of the various ego-controlled sense organs and organ systems and to the skills of the human hand. Barking, roaring, and other animal sounds become changed into speech; clutching and tearing become primitive manipulations, continuing, with maturation and development, to skills—writing, reading, primitive arithmetic, etc. They are all activities outside the instinctual sequence, without an apparent instinctual basis. It seems to me, however, that in these contents of the primary repressed is found the missing instinctual basis.

The hand, and its most important part, the thumb, soon joins the mouth within the oral primacy. W. Hoffer in various papers (1949, 1950) describes convincingly the way in which the hand very soon develops into the organ which relieves the mouth tension in the libidinal and object-related aggressive sphere.

I would supplement his argument by saying that the hand—or rather the brain-eye-ear-hand—takes over in man those aggressive mouth functions which together with the claws and animal muscles constitute the animal's method of providing his livelihood. In neither man nor other animals is this oral aggression directed against fellow-animals, but only against the species-alien food animal. Fighting and killing each other in jealousy and rivalry for the food or the sexual object is quite a different matter.

The olfactory sense in man lost its intrinsic importance when man adopted the erect posture and the front paws were set free for other than locomotor uses. The hand under the control of the system ego became the brain-hand and the brain-hand carried out, in conjunction with all the senses controlled and organized by the system ego, all the complicated activities outside the instinctual sequence which, in childhood, have to be carried out for the child by the parents.

The Puzzle of Thumb-sucking. Secondary Narcissism

We can now at last explain the difficult aspect of auto-erotic activity even in the presence of the object. In the auto-erotic activity, the mother-object is not only replaced as an object of love, but as the object who provides everything by doing everything. It is as if the child says to his thumb: 'I love you as I love my mother. I love you because you will do everything for me later instead of my mother.' This thumb-sucking activity sets in at the stage when any other young animal would be going out on its own, hunting for the food, using its mouth, jaw, paw and claw activities. In other words, the child can engage in mouth/hand play while the mother does everything for him. That is why

thumb-sucking is not an essentially auto-erotic but an object-replacing sexual pleasure, replacing the active mother; and it is narcissistic as well as anaclitic. The child loves himself as the mother loves him, doing everything for him. This is the narcissistic aspect of the auto-erotic activity. It would be interesting to consider whether it is because of this narcissistic element rather than the object-replacing aspect that thumb-sucking is sometimes difficult to repress.

This primary-narcissistic/anaclitic love for the mother, as a slave to the child's needs, changes gradually by identifying with her, introjecting the experience which now joins forces with the latent predisposition, with the precipitate of the phylogenetic super-ego. We adhere to the idea that the super-ego is present from the time of conception, but we maintain that it has to be precipitated during ontogenesis by the human object, a gradual process which needs time to make it independent.

The child can then abandon this aspect of object relationship. He does not need the object. He becomes like the object—secondary narcissism. ' I am like mother. I can love myself instead of her; I can walk; I can talk; I can use my hands to make things. I can use my brain-eye-ear-hand to speak, to write, to read, etc.' Later, he can study books written by earlier super-egos in history, introject them and build his ego on them, that is, he can introject sexual objects of his aim-inhibited libido.

Rehabilitation of the Concept Sublimation

Sublimation in Metapsychological Terms

We can now describe sublimation as follows: Sublimation is a process in two stages: first, infantile sexual components have to be withdrawn (repressed) from their original attachment to the manifestations of the self-preservative instincts. Thereby both the remaining and the detached parts change. The remaining part comes under ego-control. The detached part, after desexualization, will be re-attached to primary ego activities (or their precursors: impulses, affects, emotions, thoughts, phantasies).

This description refers to sublimation of oral and anal sexuality, sublimation in the strict sense as described by Freud. The component instincts and aim-inhibited sexual libido are in a different category. In any case we can now define metapsychologically what is meant by primary ego activities, which are to replace the ' higher ' cultural values.

Primary ego activities are sublimations of primarily repressed archaic aggressive energies. If we call this process primary sublimation, then sublimation in Freud's sense is secondary sublimation, actually bound up with secondary repression. We shall bear in mind that when we speak of sublimation in Freud's sense we mean secondary sublimation, just as, when speaking of repression, we allude to secondary repression.

The process of primary sublimation, in contrast to secondary sublimation, is a process in one stage only: archaic aggressive energies, being under primary repression, need no libido-withdrawal, as they were never libidinally cathected. Primary repression works only with counter-cathexis without libido withdrawal. That is the reason why this process is smooth, hardly noticeable, does not provoke resistance, and is not always recognized as a process involving a super-ego element. But it does involve one, and the child shows the need for the object who acts as a super-ego. The restlessness, aggressiveness, and destructiveness of the toddler, the curious fact of boredom observable in very young children if they are not attended to, are visible proofs of this. It is particularly noticeable in children in institutions. The child is not only clamouring for food, for love, but is clamouring also for the object to teach him what to do, since he does not know by himself. He needs the object as a super-ego forerunner and activator of the archaic predisposition.

The child becomes humanized only by object love, by activating his endowments which are present as a phylogenetic predisposition but cannot be brought out without guidance.

Oral and Anal Sexuality

It may be difficult to make it clear that, throughout childhood, a twofold process is going on simultaneously. Forming ego activities out of archaic aggression with the help of object love is one process, which runs comparatively smoothly. At the same time, the sexualized corollary of the archaic energies, the pregenital sexual activities, has to be detached. This is not such a smooth process. Once cathected, libido positions are never easily relinquished. We can take it as a proof of the sexualization of aggressive energies that thumb-sucking, when maintained for an unusually long time, adopts the character of a self-aggressive activity. It is as if the child were not able to deal with archaic aggression in the appropriate way.

According to our description of sublimation, the process of detaching sexual libido from the

self-preservative oral libido has to be followed by the second process of re-attaching it to primary ego activities. The same applies to anal libido. There are essential differences for conditions of sublimation between the oral and anal drives, and they are biologically determined. This, however, will be the object of future consideration.

What happens, however, to the remaining zone-specific oral and anal libido, to the process of eating and eliminating? This comes under ego-control, that is, under the influence of the human object, it becomes regimented and regulated, covering table manners and habit training. They change from id activities into parent—super-ego demanded ego activities. This process, going very often against the instinctual impulse, is much more conspicuous and shows the prohibitive punitive aspect of the super-ego much more than its guiding one.

To sum up, we have two kinds of ego activities: ego-controlled id activities, formed by the interference of the human object; and primary ego activities, those which have to be learned from the human object and can appear only on the ego level.

The point may be raised: Is not ego activity coincidental with sublimation (sublimation in Freud's sense)? Everyday observation shows us that it is not. The child may have formed his primary ego activities, speech, reading, writing, etc., but may have failed to attach the repressed oral or anal sexual libido to them. That is to say that, having failed to take pride or pleasure in these activities, he remains average or even backward, and this not by reason of mental deficiency, but for lack of sublimation.

The process of sublimation can stop at any level or it may continue. It is, metapsychologically speaking, a relative process, relative to age. A child may take pride in his writing and reading. We say then that he has good sublimations. A grown-up, liking reading and writing, in the everyday sense, is using sublimated pre-genital energies, but we still do not call him a poet or a writer. He may use them to compensate for lost libido positions, as did our scientist or welfare worker. But, to make him a scientist, artist, or poet, something else has to be added, and we shall explain this presently.

The Component Instincts

In the *Three Essays*, Freud described two categories of infantile sexuality: the auto-erotic instincts and the component instincts. The basic difference between them often escapes attention. The object-relatedness of oral and anal sexuality was a later addition to the theory, whereas from the very beginning the component instincts were conceived as related to objects. Freud described the polarities of exhibitionism —voyeurism, sadism-masochism, and sexual curiosity.

Let us deal here only with exhibitionism, voyeurism, and sexual curiosity. A metapsychological description of them is that they are the sexualization of ego functions in connection with sense perceptions and sense manifestations. May I stress: I do not speak of ego activities, but of ego functions; that is, perception, observation, investigation and the quest for knowledge. ' Perceptions are for the ego what instincts are for the id ' (Freud, 1923, p. 30). This reaffirms his earlier statement in the *Three Essays* that everything that happens in development starts in a sexual connection.

The contents of these instinctual drives, however, have to be desexualized. Pleasure in looking at the sexual object has to be changed into looking at non-instinctual objects. Such process of desexualization, after secondary repression, meets with very great resistance and, in many cases, is never completed. In fact, the component instincts are much more widely taken up as forepleasures in genital sexuality than are the anal components.

If repression succeeds, it is not irreversible, and it almost seems better so for normality's sake.

Unlike the oral and anal instincts, archaic energies seem here to play no part. The process is on the level of ontogenesis. It operates with secondary repression. The displacement of the detached energies has to be on to non-instinctual ego interests, activities, etc.

For example, to transform interest in anal smearing into interest in the manipulation of painting materials is an irreversible process, except in psychosis. To transfer pleasure in looking at the object's body or his genitals into pleasure in looking at the landscape to be painted is a reversible process. In fact, there are all types of admixtures between unsublimated voyeuristic impulses and sublimated ones in one and the same person.

Sublimation following the line of Symbolic Equation

However, one archaic element plays a part in this process of sublimation, and that is displace-

ment on the line of symbol formation. The displaced interest seems to follow the line of symbolic equation from the instinctual (body) to the non-instinctual (all kinds of objects produced by ego activities). This symbolic element was often mistaken as being the very driving force behind the respective ego activity.

Exhibitionism, voyeurism, and sexual curiosity are and usually remain the peak manifestations of infantile genitality, having much in common with adult genitality.

Genitality

What of genital sexuality? Fenichel and Deri are right in so far as genital sexuality is driven by only one force, sexual libido, which, however, is coincidental with zone-specific libido of genitality. But, whereas aim-inhibition of the affect of food craving (hunger) would not serve any good purpose—actually it is not possible—aim-inhibition of the affect of zone specific libido, love, has the greatest importance in human relationships.

Freud hesitated to call aim-inhibition of sexual libido, sublimation. We certainly have to note that the mechanism operating in it is different from other types of sublimation.

What leads us so easily astray is the conception that the sublimations are formed out of this aim-inhibited libido; instead of realizing that the essence of this type of sublimation is the aim-inhibition itself. The affect changes in that it is detached from the instinctual object (parent, lover, children) and attached to less immediate instinctual objects (figures in authority, friends, those in need of help).

What was valid in the case of the component instincts, namely, that any admixture of instinctual and sublimated components in any one person, applies here even more. This recognition disposes of the problem so often discussed, as to whether aim-inhibited relationships and the use of pre-genital sublimations can only exist at the cost of active genital life. This assumption must be a misunderstanding, the more so since we know that repression of genitality results in neurosis and that genitalization of ego activities impairs rather than enhances the function. Pre-genital sublimations can serve the purpose of genitality (remember the examples of the menstruating woman and the cat). It does not work in the reverse direction.

We may assess the symbolic element operating in the sublimation and bear in mind that a symbolic equation may give an impetus to an activity but does not create it.

Sublimation of Genitality into Creativeness

Have we exhausted all the potentialities of the genital impulse? Is there no sublimation of it in a more specific sense appertaining to the unique character of the sexual impulse? We still have to answer the question ' What is the difference between an ordinary person's letter-writing and book-reading activities and those of the poet or artist? ' The difference is that the former are using their sublimations, if not merely their ego activities, acquired in childhood, putting them, of course, to different uses, working instead of playing or learning; whereas the poet or artist is driven by a creative urge which, in whatever mysterious way it works, produces something which is characterized as involving the category of beauty.

The German philosopher, Kant, investigating the essence of Beauty, said: ' Beauty is that which pleases us without serving any self interest.' Freud says in effect: ' Sexuality is that which pleases us without serving any self-preservative interest ' (Freud, 1938).

Here is the contrast between the interest of the self and the interest of the race. Sexuality serves the interest of the race but, in human beings, sexuality pervades every other activity. A self-preservative activity can be recognized by its serving a specific gratification. The urge for the activity dies down as soon as the specific gratification is achieved. The sexual component which attaches itself to it is manifesting itself far in excess of the self-preservative interest. The child goes on thumb-sucking long after his hunger is gratified, whereas he would not go on eating. The pleasure connected with withholding or releasing anal products is often independent of the physiological function, being the manifestation of anal sexuality. A kiss, having no self-preservative function, has no limitations by any self-preservative urge.

Curiously enough, in man, genital activity is not restricted to the fulfilment of the biological function, as it is in animals, but it is just as irrespective of any other ulterior aim as the pre-genital sexual pleasures. It seems as if genitality were used exclusively in the service of pleasure. When people restrict sexual activities to the production of children, we regard them as doing something outside the normal course of events.

This all supports a hypothesis that we have

found, in the urge of creativeness, the sought-after specific sublimation of genitality. However much painting, writing, or scientific research is based on what we called primary sublimation and overlaid by sublimation, the truly creative element in them is derived from the genital sexual impulse. Creating something new, something that is one's own and yet still something apart, is just as much the attribute of genital activity as it is of artistic and creative scientific production.

Preliminary Conclusions and Further Problems

In this preamble to a further study on human relationships, Freud's concept of 'sublimation' was found to be the most helpful instrument in these investigations.

Difficulties inherent in the concept in the framework of the first and second instinct theories were described. A solution was found by synchronization of dynamic and structural views, with the result that the concepts of 'primary ego-activities' and 'primary sublimations' have been introduced, based on Freud's concept of primary repression.

This complementation of Freud's concept offers an extended basis for the investigation of human relationships. Many of the relevant problems are only hinted at in this paper and will be taken up in a future publication. It will be shown that the old accusation of 'pansexuality', although not justified as an accusation, is correct in that it describes the basic truth that human beings are sustained not only by their self-preservative instincts, but by their sublimated sexuality and their aim-inhibited sexual relationships.

BIBLIOGRAPHY

(1) Bernfeld, S. 'Bemerkungen über Sublimierung', *Imago*, 1921, **8.**

(2) —— 'Zur Sublimierungstheorie, *Imago*, 1931, **17.**

(3) Bibring, E. 'The Development and Problems of the Theory of the Instincts', *Int. J. Psycho-Anal.*, 1941, **21.**

(4) Deri, F. 'On Sublimation', *Psychoanal. Quart.*, 1938, **8.**

(5) Fenichel, O. *The Psychoanalytic Theory of Neurosis*. (New York: W. W. Norton & Co. Inc., 1945).

(6) Freud, A. *The Ego and the Mechanisms of Defence*. (London: Hogarth Press, 1936.)

(7) —— 'Psycho-analysis and Education', *The Psychoanal. Study of the Child*, 1954, **9.**

(8) Freud, S. (1887–1902). *The Origins of Psycho-Analysis*. (London: Imago Publ. Co., 1954.)

(9) —— (1900). *The Interpretation of Dreams*.

(10) —— (1902–06). *Early Papers*, Coll. Papers, Vol. I.

(11) —— (1905). *Three Essays on the Theory of Sexuality*. (London: Imago Publ. Co., 1949.)

(12) —— (1908). 'Character and Anal Erotism', *Coll. Papers*, Vol. II.

(13) —— (1912). 'Types of Neurotic Nosogenesis', *Coll. Papers*, Vol. II.

(14) —— (1913). 'The Predisposition to Obsessional Neurosis', *Coll. Papers*, Vol. II.

(15) —— (1915a). 'Instincts and their Vicissitudes', *Coll. Papers*, Vol. IV.

(16) —— (1915b). 'Repression', *Coll. Papers*, Vol. IV.

(17) —— (1917a). *Introductory Lectures*. (London: Allen & Unwin, 1949.)

(18) —— (1917b). 'Mourning and Melancholia', *Coll. Papers*, Vol. IV.

(19) —— (1920). *Beyond the Pleasure Principle*.

(20) —— (1921). *Group Psychology and the Analysis of the Ego*.

(21) —— (1923). *The Ego and the Id*.

(22) —— (1925). *Autobiography*.

(23) —— (1926). *Inhibition, Symptom and Anxiety*.

(24) —— (1932). *New Introductory Lectures*.

(25) —— (1940). *An Outline of Psycho-analysis*.

(26) Hartmann, H. 'Comments on the Psychoanalytical Theory of the Instinctual Drives', *Psychoanal. Quart.*, 1948, **17.**

(27) —— 'The Mutual Influences in the Development of Ego and Id', *Psa. Study of the Child*, 1950, VII.

(28) ——, Kris, E. and Loewenstein, R. 'Comments on the Formation of Psychic Structure', *Psychoanal. Study of the Child*, 1946, II.

(29) —— —— —— 'Notes on the Theory of Aggression', *Psychoanal. Study of the Child*, 1949, III–IV.

(30) Hendrick, I. 'Work and the Pleasure Principle', *Psychoanal. Quart.*, 1943, **22.**

(31) Hoffer, W. 'Mouth, Hand and Ego Integration', *Psychoanal. Study of the Child*, 1949, III–IV.

(32) —— 'Development of the Body Ego', *Psychoanal. Study of the Child*, 1950, V.

(33) Klein, M. 'The Mutual Influences in the Development of the Id', *Psychoanal. Study of the Child*, 1952, VII.

(34) KRIS, E. 'Psychoanalysis and the Study of Creative Imagination', *Bull. N.Y. Acad. Med.*, 1953.

(35) LANTOS, B. 'On Work and the Instincts', *Int. J. Psycho-Anal.*, 1943, **24.**

(36) —— 'Metapsychological Considerations on the Concept of Work', *Int. J. Psycho-Anal.*, 1952, **33.**

(37) MENNINGER, K. A. *Man Against Himself.* (New York: Harcourt, Brace & Co., 1938.)

(38) —— *Love against Hate.* (New York: Harcourt, Brace & Co., 1942.)

(39) RAPPAPORT, D. *Organization and Pathology of Thought.* (New York: Columbia University Press, 1951.)

(40) Symposium, 1950. 'The Mutual Influences in the Development of Ego and Id', *Psychoanal. Study of the Child*, VII.

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ENTROPY, ORGANIZATION AND THE PROBLEM OF THE ECONOMY OF HUMAN RELATIONSHIPS

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'. . . the mind has proved through recent centuries far less tractable to study than has the sensible world. Conscious experience seems refractory to measurement in terms of itself. We cannot say that in experience one light has twice the brightness of another. The terms in which we measure experience of a sound are not terms of experience. They are terms of the stimulus, the physical sound, or of the nervous or other bodily action concomitant with the experience. Or the measurement may be in terms of some motor act, which is taken as an outcome of the mental experience. Mind, if it were energy, would be measurable quantitatively. For quantitative measurement of the mental we resort to the energy-scheme. But the validity of that resort is questionable. The search in that scheme for a scale of equivalence between energy and mental experience arrives at none. The two seem incommensurable.'

Sherrington (42, p. 251).

Introduction

Cross-fertilization of ideas and knowledge among the various sciences has interested both scientists and philosophers since the turn of the century. Actually, in so far as the physical and biological sciences are concerned, most of this interchange has proceeded in one way, from physics to biology. The modern biologist is well aware of the great influence that physical theories have played in shaping his views, indeed, often his whole frame of reference. In surveying this situation, one even gets the impression that it is the modern biologist's (and psychologist's) *credo* that most (if not all) physical principles can be fruitfully applied to biology (5, 6). Current interest in cybernetics and communication theory is illustrative of this trend in psychology (32, 39, 40, 47, 52).

I wish to emphasize at the outset that it is not my intention to deprecate in general the attempt to transpose knowledge gained in one field into another; on the contrary, it can scarcely be denied that this tendency has enriched and contributed significantly to growth in many areas of modern science. At the same time, however, concepts operationally defined and clearly understood in one field, are often applied in another field where their original definition ceases to be meaningful (14). Used in this way, the concept not only loses its value as a tool for communication, but leads to the misleading 'rediscovery' of principles inherent in its original definition.

My purpose in this paper is twofold. First, I want to call attention to the manner in which psycho-analytic thinking is influenced by concepts derived from physics, particularly by the concept of entropy.[1] This fact has an important and often unrecognized effect on our views concerning the exchange of information, learning, and psychological maturation (45). My second aim is to explore further the related problem of the 'economy' of human relationships, as this may be formulated by the questions: 'Who gets what from whom?' and 'Who gives what to whom?'

The Problem of Human Growth

The essential problem which concerns us here is that of human growth. Growth may be that of body substance (individual growth), or it may

[1] The second law of thermodynamics has evolved from Carnot's principle concerning the efficiency of a reversible engine and has become one of the most fundamental laws of physics. The following definitions of the second law and of the concept of entropy are taken from J. K. Roberts' *Heat and Thermodynamics* (38). 'It is not possible for a self-acting machine working in a cyclical process, unaided by any external agency, to make heat pass from one body to another at a higher temperature. That is to say, heat will not pass spontaneously from a cold body to a warmer one' (p. 255). 'If a substance which is undergoing a reversible change takes in a quantity of heat dQ, at a temperature T, its *entropy* is said to increase by an amoun $\frac{dQ}{T}$. This is the definition of change of entropy. It must be stressed that the change which the substance undergoes must be *reversible*' (p. 260). 'In other words, *every physical or chemical process which takes place in nature proceeds in such a way that the total entropy of all bodies taking any part in the process is increased*' (p. 312).

be procreative growth, or growth in terms of psychic development (e.g. learning). Indeed, it was in connection with the problem of the maintenance of the physical self that Schrödinger introduced the concept of *the organism feeding on negative entropy* (41). He thus showed that in metabolism it cannot be the caloric value of the material which prevents a steady increase of entropy in the organism. Instead, he suggested that in higher animals, for example, the source of negative entropy lies in the complexity of the materials which must be used as foodstuff. After utilizing highly complex organic compounds, they are eliminated in a much degraded form. In this manner ' the organism succeeds in freeing itself from all the entropy it cannot help producing while alive ' (41, p. 72). It should be emphasized (since we will return to this point) that the concept of orderliness or complexity in the foregoing examples is used in the sense of the chemist. And it is assumed that every such decrease in chemical complexity is paralleled by an increase in the entropy of the system (and *vice versa*).

When we turn our attention to the problem of mental or psychical growth, the situation becomes more difficult. In a measure, linguistic habit and ' common sense ' point along a path parallel to that of metabolism. In other words, a metabolic interaction between *A* and *B* is understood as consisting of changes in *A* and *B* in *opposite directions*. If *A* ingests *B*, *A* increases to a higher level of organization or maintains a relatively high level of organization, while *B* decreases in its complexity. The interaction between parent and child is often conceived in similar terms. The parent ' gives ', the child ' receives '. What is being exchanged in this, and other, human interactions? The answer must encompass categories such as material care (food, shelter, protection from destructive elements), ' love ' and ' information '. Accordingly, the giving system is pictured as progressively exhausting itself, and the recipient one as growing. In addition to interactions between parent and child, we should think also of paired systems such as teacher-student, physician-patient, analyst-analysand, etc. Observation and reflection now tell us that the situation in these instances permits of more possible outcomes than in the case of metabolic exchange. Sometimes *A* and *B* may change in a reciprocal manner: child growing at the expense of the well-being of a parent, or patient recovering and physician deteriorating (as a result of the interaction *per se*, and not owing to simultaneous processes outside of the situation). At other times, however, and by no means rarely, it happens that as a result of a human interaction, *both persons* undergo an increase in the degree of their biological organization, measured as ' emotional growth ', increased complexity of psychic organization, or in terms of ' information ' and learning. Under favourable conditions, such is the case between parent and child, teacher and student, analyst and analysand. In other words, both of the two inter-acting systems grow. Neither loses any of the ' organization ' it has already developed. How is this possible? The previously stated frame of reference makes no allowance for this situation.

The Nature of Psychological Growth

Since the assertion that both of two interacting human beings may grow (e.g. increase their respective psychic organizations) as a result of their communication with each other, is crucial to our thesis, some elaboration of this point is warranted. Perhaps the simplest example illustrating this phenomenon is the process of interchange between teacher and student. Clearly, in such a situation the student may ' learn ' (grow) without the teacher ' losing ' any of his knowledge. Moreover, pedagogues, philosophers, and scientists have always maintained that teaching constitutes a process of learning for the instructor as well as the student.

A similar idea regarding the nature of psychoanalytic therapy has become widespread in recent years. This came about with the evolution of psycho-analytic thought and a shift of interest from the ' transference neurosis ' as an isolable system having primarily to do with the patient, to an interest in the ' psychoanalytic situation ', or the actual human interaction between the analyst and the patient (31). In the frame of reference of the ' transference neurosis ' the crucial therapeutic factor in psycho-analysis lay in the ' mutative interpretation ' (Strachey, 44). While in the frame of reference of the ' psycho-analytic situation ' therapeutic success for the patient depends in some (or large) part on the analyst's ability to perform, in the course of the analysis, a piece of self-analysis, stimulated by the patient (21).

In other words, if the patient is to improve, the analyst must improve too (perhaps sometimes only a little), as a result of the inter-

action.[2] Accordingly, in so far as psycho-analysis as therapy may be looked upon as a form of teaching and learning (17, 18) (although in some ways a very unusual type of teaching and learning may be involved in this process), the phenomenon of simultaneous learning pertains (ideally) to both 'teaching' and psycho-analytic therapy.[3]

Indeed, it seems to me that the foregoing examples do not represent the exceptional case but are paradigmatic of a more general characteristic of human interactions: namely, that in situations of this type, *in order for one person to benefit (grow), the interaction must be beneficial for both.* If it is not, the hidden damage to the recipient person (be this the child, the recipient of charity, the analytic patient, etc.) in the form of feelings of guilt, responsibility, or a much vaguer feeling of 'being weighed down' with the suffering of the giver may be so great as to outweigh the gain in care, information, or maturation coincident with the association between the participants. It must be remembered that in all of the foregoing interpersonal phenomena the nature of the human contact is such that each individual relates meaningfully to the other, as a like individual. By 'meaningful' we simply mean that *A* considers *B* (and *vice versa*) to be fundamentally 'human', that is, more or less like himself. This definition of 'human relationship' would therefore encompass only a small proportion of all those social processes that actually occur in nature, as we now know it. It is clear, moreover, that most human relationships that are considered to be exploitative, that is, of benefit to one party at the expense of the other, are such that the interacting systems (sometimes individuals, often groups), regard one another as 'inhuman' (e.g. alien, inferior, sick, or the enemy, the 'poor', the 'patient', etc.). Not only is this type of interaction common among individuals, but it appears to me even more characteristic of the individual's orientation to a group rather than to a single person. The psycho-economic advantage of this feature of individual-group interaction may be a most important factor for our understanding of the psychology of groups.

Psychological Complexity and Entropy

The problem which confronts us, to restate it briefly, is the following. In many types of human interaction (for the present, considering only two individuals) observation shows that it is possible for both participants to change in the direction of greater psychological complexity. If we equate increased psychological organization of a system with a decrease in its entropy, we would have to conclude that a decrease in the entropy of both the interacting systems has occurred. In this dilemma, we are faced with the following alternatives.

(1) Our observations are incorrect.

(2) The interaction between the two systems is not properly isolated, so that while *A* may increase its complexity as a result of its contact with *B*, *B* gains its advantage not from *A*, but from some other 'outside source'.

(3) The concept of entropy is not applicable to the phenomena considered (i.e. entropy is not 'meaningful').

I shall assume the validity of the observations cited and proceed to the latter two solutions of our problem. The idea of *A* and *B* interacting with one another in a hypothetical 'closed system' is, of course, an abstraction. Nevertheless, in the situations cited (mother-child, for example) we may *consider* the system comprising the two participants as more or less isolated. If we accept this assumption, we can turn to our third alternative.

However, since we cannot prove the foregoing assumption one way or another, let us also consider what happens if we maintain that both *A* and *B* gain in complexity because *A* 'gets' from *B*, and *B* 'gets' from *C* (and so on). This latter view is, of course, the traditional one of thermodynamics. According to it, man maintains his complexity by receiving negative entropy from animals, while animals take this

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[2] For example, Weigert stated: 'In supervision as well as in my own experience I have found the most visible progress made when the analyst can become conscious of a formerly unconscious counter-transference reaction' (50).

The reader's attention is called in this connection to the almost exclusive attention focused on counter-transference in the recent psycho-analytic publications dealing with *analysis as therapy* (2–4, 8–10, 13, 21, 24, 30, 31, 35, 37, 49, 50, 53).

[3] The exact ways in which this phenomenon occurs remains one of the challenging problems of psychiatry. A beginning solution to this problem can be most readily visualized by regarding a process of interaction between two persons as representing two entirely different tasks for each of the participants. In analysis, for example, the patient must solve one series of tasks (depending upon his particular genetic make-up, past experiences, etc.) and the analyst another series. The tasks themselves vary continuously as analysis progresses, or as the life situation of the participants changes. (This is discussed further in the second half of this paper. Cf. Waelder: 'The Principle of Multiple Function' (48).)

from plants, and plants from the sunlight (41). In this way, we can arrive back at our starting-point. In other words, we could in this way ' rediscover ' the second law of thermodynamics (46). We must remember, however, that this explanation is meaningful only if we accept as our *premise* the idea that you can ' get something ', so to speak, only by transferring it from *A* to *B* (e.g. a hot body transferring ' heat ' to a colder body). We are not, of course, here concerned with the validity of the second law of thermodynamics for physics. But we do question its validity or meaningfulness for processes of human interaction.

Perhaps the crux of the matter lies in the way in which we look upon, and define, the concept ' information '. Ruesch and Bateson in their pioneering book on communication state:

> ' We can never abstain from communicating, and as human beings and members of a society, we are biologically compelled to communicate. Our sense organs are constantly on the alert and are registering the signals received, and inasmuch as our effector organs are never at rest, we are, at the same time, continually transmitting messages to the outside world. Therefore, our biological need to receive and transmit messages is in some ways a handicap to the investigation of the scientific processes of communication. In order to overcome this difficulty, *it is necessary for us to make a structural assumption regarding the state of signs and signals within our own organism. This end result of perception and transmission we refer to as information* ' (40, p. 7. Italics mine).

This view of information, if I understand it rightly, conceives of information in terms of what Ruesch and Bateson term the first level of communication (i.e. the intrapersonal, or ' within one ' network). Information is thus considered a *property of the system* (organism). This appears similar to our conception of ' heat ' as a property, or attribute, of a physical system, and facilitates the analogy between the mental picture of transferring heat and transferring information, among respective communicating systems.

I do not want to belabour this point, and only wish to indicate that the foregoing concept of information appears to me of limited value. It reflects our habitual mode of thinking, expressed also by concepts such as ' intelligence ', and tests devised to ' measure ' it, which create the impression in our minds of an *attribute belonging to an organism.* Instead, I would favour a more operational orientation (36), according to which we would not regard information as a property of a single system (or as a ' substance ' that can be measured, like weight on a scale); rather, we might look upon ' information ' as a property of a system, *A*, interacting with another system, *B.* It would thus be *a characteristic of the interactional process, not of individual entities* (43). A simple example will illustrate this. We may say that a person is smart or stupid, depending upon how he interacts with us as the observer, in a particular situation, and at a particular time. Without doubt, we are accustomed to thinking that ' being smart ' or ' stupid ' is a characteristic of the person, rather than to acknowledge that such an assertion is more correctly a judgement, involving both observer and observed. Our ' common-sense ' assumption that information is ' something ' that can be said to belong to someone also facilitates the inference that this ' thing ' may be passed from one place to another, and from one person to another (11). In this, psychological concepts parallel the physical concepts of substance, mass, energy, and entropy [4] (23).

The Concept of Entropy is not Applicable to Psychological Processes

We are now ready to consider the possibility that the concept of increased psychological complexity of a system is not synonymous with a decrease in the entropy of the system.[5] The theoretical significance of the relevance or irrelevance of entropy-concepts for human relationships is particularly great at the present time, when psycho-analysts (7, 33, 34) as well as

[4] I am not sure to what extent analogies between physical and psychological concepts are meaningful. However, insofar as they might be useful, I would regard our latter concept of information, and other similar formulations, as corresponding to the modern physicist's idea of ' wave form '.

In *The Philosophy of Physical Science,* Eddington stated: ' The concept of substance introduces a clear distinction of positive and negative; so that we can have a limited form of the concept of analysis, which we may call substance-analysis, in which the systems of analysis are restricted to those which furnish a complete set of *positive* parts. When the analysis is not associated with substance (or with a structurally equivalent concept), when, for example, it is associated with wave form, the restriction cannot be imposed. In optics darkness is considered to be constituted of two interfering light waves; light may be a "part" of darkness ' (12, p. 120).

[5] See also my paper, ' Is the Concept of Entropy Relevant to Psychology and Psychiatry? ' (45).

workers concerned with cybernetics (32, 52) and communication theory (39, 40) make use of this concept.

I have previously discussed some of the inferences which were drawn from the principle of entropy and which became unsatisfactory when introduced into psycho-analytic theory (46). A recent communication by Martin J. Klein (27) now sheds more light on this problem. In his paper, entitled ' Order, Organization and Entropy ', Klein states: ' It is generally assumed that an increase in the biological organization of a system, such as occurs during the embryological stages of an organism, is equivalent to, or at least closely connected with, a decrease in the entropy of the system, entropy being the physicist's measure of disorder. It is the purpose of this note to discuss the relationships between organization and entropy and to point out that the usual assumption, as stated above, need not be valid in all cases ' (p. 158).

On the basis of thermodynamic arguments and reasoning which need not be discussed here in detail, Klein reaches the following significant conclusion: ' We conclude that the degree of order in a system which is measured by the entropy (low entropy corresponding to high order) is not the same thing as the degree of organization of the system in the sense used by the biologist ' (p. 160).

It may be pointed out that Klein's thesis applies to the general realm of *biology*, and it demonstrates the fallacy of relating the notion of *biological organization* to the concept of entropy. We often include psychology and psycho-analysis in the domain of biology. On this basis, we could assert on the strength of Klein's thesis alone that an increase in the psychological organization of a system (e.g., emotional maturation, learning) cannot be meaningfully translated to mean a decrease in the entropy of the system. We have also seen that this conclusion is in accord with what appear to be some fundamental features of human development and learning.

However, since the methods of biology proper and psychology may differ from each other as much as chemistry and immunology differ from psycho-analysis, we want to consider further the question of the development of psychologic organization from the point of view of the psychology of human relationships. This will necessitate a reconsideration of the problem of ' psycho-economics '.

Who Gets What From Whom?

Schrödinger's approach to the problem of metabolism lay in examining the nature of the interchange between organism and foodstuff. He concluded that in the process of such an interaction, the organism gains ' biological complexity ' at the expense of the foodstuff. That is to say, *A* gets something from *B*.

Let us ask what it is that human beings get in their interaction with their fellow human beings. Before I proceed to discuss this question in theoretical terms, I would like to cite a brief clinical illustration which shows that this problem is different in the frame of reference of psycho-analysis from what it is in the general framework of biology.

The patient, a gifted medical student, was about to begin his third year in school when the events which I here relate occurred. He started analysis shortly before entering medical school, and one of his presenting problems had to do with certain difficulties in learning. When he was freed from some of his inhibitions along these lines, he was able to derive much pleasure from the intellectual adventure of gaining knowledge in his various courses. As he was contemplating, one day, his curriculum for the third year, he stated that he felt sad that he would not be able to *learn as much* in his Junior Year as he had learned in his Freshman and Sophomore Years. Nor did he feel he would be able to enjoy his forthcoming experience as much.

Analysis of this thought led us to the following conclusion. The chief difference between the first two and the last two years in medical school had to do with the patient's having to perform certain duties in the hospital during the clinical years. The feeling that he learned a great deal in the first two years was connected with his mental image of the situation in which this took place: the school, the instructors, the laboratory facilities were all there to *give him* something, to teach him, to enrich his fund of information. He had to give nothing (his father paid the tuition) in return. More than this, in his mental picture of the situation, the system from which he received did not get anything from him or anyone else. In contrast to this, in his image of the clinical years he pictured the school and the hospital *receiving services* not only from him but also from his fellow students and others.

Why did this student feel that he would not learn as much in his Junior Year as he did in his

Sophomore Year? I think we are justified in concluding from this example that the student was comparing his prospective year in school with his past experiences; at least that is the manifest meaning of his statement. Closer examination of the situation revealed, however, that the comparison which he was making was not between courses in Medicine and Pathology, for example, but rather *between his images of the interacting systems* in the first two and last two years of medical school. His feeling that he would not learn as much stemmed from his contrasting picture of the school as a ' giver ' in the first two years and as a ' taker ' in the last two. The manifest thought of ' *I* will not learn (get) as much . . .' could be translated into the underlying thought of ' *They* will get more . . .'

I am not concerned here with the psychological sources of these thoughts and feelings, nor with their meaning for the work of analysis. My sole purpose is to illustrate the patient's concept of the ' economy ' of his relationship with the school.

The problem of the economy of human relationships requires new psycho-analytic concepts. This is so not because the problems themselves are novel, but rather because the so-called ' economic approach ' in psycho-analysis was used to describe a wholly different matter. This notion in psycho-analysis has to do with the ways and means ' *instinctual energy* ' (libido and aggression) is integrated and discharged by the psychic apparatus (15, 16, 19, 22). Theoretically, therefore, not only is this a one-body concept (1), but it is also a notion borrowed directly from the physical concept of energy.[6]

In current psycho-analytic thinking, there is general agreement that psycho-analysis is first and foremost concerned with the study of *object relationships*. The problem of the ' economy ' of object relationships is clearly not the same as the economic problem of instinctual energy. Freud, for example, gave a beautiful account of the value of the economic approach in his analysis of the problem of humour and wit (20). He approached this problem in terms of excitations within the mental apparatus and their particular modes of discharge. These concepts cannot be applied to problems of object relationships.[7]

The Economy of Object Relationships

Every science must sooner or later evolve its own conceptual models. At the beginning these models will, by necessity, be based at least in part on models with which we are already familiar. Gradually, however, conceptual models more peculiar to each science develop. These are invariably based on the specific operations which distinguish one scientific method from another.

If the specific operations of modern psycho-analysis have to do with observing and influencing object relationships, our concepts concerning the economy of such interactions must be based on the appropriate, operationally validatable phenomena of human interactions. We must evolve economic concepts based not only on psychic energy, but also on object relations. With this in mind I will indicate some lines of thought along which we might explore this problem further.

Let us take a hypothetical human relationship between *A* and *B*. At any particular time we

[6] Pierre Janet's ideas about the ' economy of the mind ' are of interest in this connection (25, 26). In the final paragraph of his most extensive work, *Psychological Healing*, Janet wrote as follows: ' In a word, this book, however incomplete it is perforce today, attempts to deal with a problem which is still very obscure, the problem of the economical administration of the energies of the mind. Some day we may hope that there will be enough knowledge to make it possible to budget the income and expenditure of a mind, just as today we budget the income and expenditure of a commercial concern. When that day arrives, the psychiatrist, the mind healer, will be able to help his patients to turn their poor resources to good account by avoiding needless expenditure and by directing their efforts to the precise point where these efforts can best be utilized. He will be able to do more than this; he will be able to teach his patients how to increase their resources, how to enrich their minds. I am not without hope that my labours will prove of some use to those who, in days to come, will discover the laws of this good administration of our psychological fortune ' (26, p. 1,214).

One might assume that Janet's views on this subject had an important influence on the development of Freud's concept of psychic economy. For a different point of view regarding the use of energy-concepts for the ' mind ' see Sherrington (42) and for a criticism of the use of quantitative concepts in psychology, see Kubie (29).

[7] The fruitfulness of Freud's economic theory of the mind received fresh demonstration in the works of J. Weiss (51) and Kohut and Levarie (28). These authors throw new light on the nature of formal beauty in visual art and on the pleasure derived from listening to music by applying this important psycho-analytic concept to the foregoing phenomena. I would like to emphasize in this connection that the considerations put forward in this paper have nothing to do with ' disproving ' the classical ' economic point of view ' of psycho-analysis. What is valid and useful in one frame of reference does not become invalid or useless with the introduction of a new, or different frame of reference. Instead, it becomes necessary that we pay attention to the nature of the phenomena which we are interested in understanding better: appropriate theoretical frameworks must then be found for different problems. Accordingly, Freud's economic concepts may or may not be helpful, depending upon the nature of our approach to a problem.

might ask what is *A* giving to *B*? Or what is *B* getting from *A*? (and *vice versa*). We might give social structure to the situation by stating that *A* is a teacher, and *B* is a student. The answers to the foregoing questions can be broken down into a number of categories, according to the following criteria.

(1) What is the *intention* (wish) of *A* and *B*, respectively?

(2) What *needs* does the actual situation (relationship) satisfy, in *A* and *B*, respectively?

A comprehensive answer to both of these questions will require an understanding of what the particular situation, at a particular time, *means* (consciously as well as unconsciously) to both *A* and *B*. The possibilities are too numerous and complicated to list. They include the following. *A* might wish to teach or to indoctrinate, or even to humiliate the student; or he might be there only for the prestige and the money. Or he might be sick and depressed. And so on. *B* might wish to learn, or he might wish only to appear like a good student, or to placate his father. Or he, too, might be there only for a gain of prestige and money. And he, too, might be sick and depressed. And so on. Clearly then, the social position of *A* and *B*, or their conscious intention in the situation, cannot alone determine the nature of the ' exchange '.

If we try to answer the second question, namely, ' What needs does the actual situation satisfy in *A* and *B*, respectively' ?, the possibilities are once again numerous. *A* may be able to satisfy his need for helping someone (who may in turn stand for someone else in his unconscious), or he may gratify the wish to validate his own concepts through his students, or he may gain prestige and money, etc. Similarly, *B* may gain various satisfactions. The possibility of the frustration of these same needs is also present.

The nature of the human interaction may thus be described quite differently, depending upon whether we focus on the social position or intention of the interacting persons or on the needs satisfied in each. If we take into account all of these factors, we must conclude that ' giving ' and ' getting ' are not mutually exclusive, nor reciprocal, but may vary independently from each other. In other words, it is possible for both *A* and *B* to ' give '; also, both might ' receive '. Or, both might ' give ' and neither ' receive '. Or again, neither might ' give ' (in terms of intent), yet both may ' receive ', and so forth.

Many social phenomena are understandable in terms of whether the participants' (official) intention is emphasized, or their need-satisfaction. For example, an intern in a hospital works long hours without pay. This is based on focusing attention on his need-satisfaction, i.e. he learns. What he does for the hospital or for patients is given less weight. Conversely, the private practitioner of medicine is (officially) devoted to his patients' welfare. When he ' treats ' a patient, he gets paid for it, often very generously, irrespective of whether the patient is helped. He is recompensed on the basis of his intention to help rather than for his actual performance measured in terms of the need-satisfaction of the patient. In this respect, our notions of who gives what to whom, and who gets what from whom, are essentially moral,[8] rather than scientific (operational). This has coloured our psycho-analytic concepts of human relationships, too.[9]

The validity of the foregoing considerations should have an important bearing on our views concerning the laws governing the economic aspects of human relationships in general and those pertaining to psycho-analytic treatment in particular.

Summary

The purpose of this paper is to examine two related problems. One is the influence of certain physical concepts, particularly that of entropy, on psycho-analysis. The effect of this concept on our views of the economy of human relationships is noted. The second problem is the need for new theoretical concepts regarding the economy of object relationships, based not on notions borrowed from physics, but on the operational method of psycho-analysis.

The concept of entropy has gained renewed popularity in biology, and is being invoked in attempts to clarify the nature of human mental activity and of interpersonal processes. It is

[8] I use the term *moral* to describe a state of affairs in which we describe things *as they ought to be* rather than as they actually are.

[9] It appears that in at least some of the so-called ' give-and-take ' relationships there exists a situation in which the one who has more power claims that he gives, and designates his partner as the ' recipient '. Many will agree that this characterizes particularly ' charity ', but perhaps it is sometimes true also for parents-and-children, and other paired systems, such as teacher-student, physician-patient, etc. This is a consequence of what I called the *moral* point of view concerning the ' give-and-take ' of human relationships.

noted that while the process of metabolism is characterized by a reciprocal change in the biological complexity of the organism and the ingested foodstuff, respectively, similar directions of change do not always characterize processes leading to psychological growth. In other words, in some types of human interaction, it is possible for both participants to undergo a simultaneous increase in the degree of their psychological organization (here measured in terms of 'learning'). Illustrative of this is the communication between teacher and student or analyst and patient, an interaction that may result in learning for both. Our usual frame of reference, according to which development of one (biological) system occurs at the expense of some other, does not allow for this possibility.

It is generally assumed that an increase in the biological organization of a system is equivalent to a decrease in the entropy of the system. Similarly, increased 'information' of a system is held to be paralleled by a decrease in the entropy of the system. It is shown that use of the concept of entropy in connection with both 'biological organization' and 'psychological organization' is misleading. This conclusion is based partly on a recent paper by Martin J. Klein, who demonstrated on the basis of thermodynamic arguments and reasoning that 'the degree of order in a system which is measured by the entropy (low entropy corresponding to high order) is not the same thing as the degree of organization of the system in the sense used by the biologist.' Psychological observations concerning learning are cited to show that similar conclusions apply to the essential unrelatedness of psychological complexity and entropy.

The problem of the economy of human relationships is briefly considered. The need for new theoretical models, based on a psychology of object relationships, is stressed. The problem is approached by trying to answer the questions, 'Who gives what to whom?' and 'Who gets what from whom?' In other words, the problem of what it is that is being 'exchanged' in a human relationship comes to the centre of our attention. We attempt a provisional explanation along the lines of (i) the *intent* (wish of the participants in relation to each other), and (ii) the *need-satisfactions* of the participants as a result of the interaction. This is a very complex problem, principally because the meaning of the total situation of interaction must be understood and evaluated in order to arrive at a relevant inference concerning the 'gains' and 'losses' of the participating persons. Social arrangements are often based on a moral evaluation of the interaction (e.g. by focusing on the officially avowed intentions of one or the other participant). This may colour our psycho-analytic orientation. A scientific (operational) view of the economy of object relationships must be based largely on the assessment of the need-satisfactions of the participants in processes of human interaction.

BIBLIOGRAPHY

(1) Balint, Michael. 'Changing Therapeutical Aims and Techniques in Psycho-Analysis', *Int. J. Psycho-Anal.*, 1950, **31,** 117.

(2) Benedek, Therese. 'Countertransference in the Training Analyst', *Bull. Menninger Clinic*, 1954, **18,** 12.

(3) —— 'Dynamics of the Countertransference', *Bull. Menninger Clinic*, 1953, **17,** 201.

(4) Berman, Leo. 'Countertransferences and Attitudes of the Analyst in the Therapeutic Process', *Psychiatry*, 1949, **12,** 159.

(5) Bertalanffy, Ludwig von. *Problems of Life.* (New York: Wiley, 1952.)

(6) —— 'The Theory of Open Systems in Physics and Biology', *Science*, 1950.

(7) Bychowski, Gustav. 'The Structure of Homosexual Acting Out', *Psychoanal. Quart.*, 1954, **23,** 48.

(8) Cohen, M. B. 'Countertransference and Anxiety', *Psychiatry*, 1952, **15,** 231.

(9) De Forest, Izette. *The Leaven of Love*; a development of the psycho-analytic theory and technique of Sandor Ferenczi. (New York: Harper, 1954.)

(10) —— 'The Significance of Counter-Transference in Psychoanalytic Therapy', *Psychoanal. Rev.*, 1951, **38,** 158.

(11) Dewey, John (1920). *Reconstruction in Philosophy.* (New York: New American Library, 1952.)

(12) Eddington, Sir Arthur (1938). *The Philosophy of Physical Science.* (Cambridge: University Press, 1949.)

(13) Fliess, Robert. 'Countertransference and Counteridentification', *J. Amer. Psychoanal. Assoc.*, 1953, **1,** 268.

(14) FRANK, P. *Foundations of Physics.* (Chicago: University of Chicago Press, 1950.)

(15) FREUD, SIGMUND (1920). *Beyond the Pleasure Principle.* (London: Hogarth, 1948.)

(16) —— (1924). 'The Economic Problem in Masochism', *Collected Papers*, Vol. II. (London: Hogarth, 1946, p. 255.)

(17) —— (1916–17). *Introductory Lectures on Psycho-Analysis.* (London: Allen and Unwin, 1929.)

(18) —— (1940). *An Outline of Psychoanalysis.* (New York: Norton, 1949.)

(19) —— (1915). 'The Unconscious', *Collected Papers*, Vol. IV. (London: Hogarth, 1946, p. 98.)

(20) —— (1905). *Wit and Its Relation to the Unconscious.* (New York: Moffat, Yard and Co., 1917.)

(21) GITELSON, MAXWELL. 'The Emotional Position of the Analyst in the Psycho-Analytic Situation', *Int. J. Psycho-Anal.*, 1952, **33,** 1.

(22) GLOVER, EDWARD. *Psycho-Analysis.* (New York: Staples Press, 1949 (2nd ed.).)

(23) GREGORY, R. L. 'On Physical Model Explanations in Psychology', *Brit. J. Phil. Sci.*, 1953, **4,** 192.

(24) HEIMANN, PAULA. 'On Counter-Transference', *Int. J. Psycho-Anal.*, 1950, **31,** 81.

(25) JANET, PIERRE. *Principles of Psychotherapy.* (London: Allen and Unwin, 1925.) (Based on lectures given in 1904.)

(26) —— *Psychological Healing.* (New York: Macmillan, 1925, 2 vols.) (Based on lectures given from 1904 to 1907.)

(27) KLEIN, M. J. 'Order, Organization and Entropy', *Brit. J. Phil. Sci.*, 1953, **4,** 158.

(28) KOHUT, HEINZ, and LEVARIE, SIEGMUND. 'On the Enjoyment of Listening to Music', *Psychoanal. Quart.*, 1950, **19,** 64.

(29) KUBIE, L. S. 'The Fallacious Use of Quantitative Concepts in Dynamic Psychology', *Psychoanal. Quart.*, 1947, **16,** 507.

(30) LITTLE, MARGARET. 'Counter-transference and the Patient's Response to it', *Int. J. Psycho-Anal.*, 1951, **32,** 32.

(31) MACALPINE, IDA. 'The Development of the Transference', *Psychoanal. Quart.*, 1950, **19,** 502.

(32) MCCULLOCH, W. S. 'The Brain as a Computing Machine', *Electrical Engineering*, 1949, **68,** 492.

(33) MENNINGER, K. A. 'Psychological Aspects of the Organism Under Stress. Part I: The Homeostatic Regulatory Function of the Ego; Part II: Regulatory Devices of the Ego Under Major Stress', *J. Amer. Psychoanal. Assoc.*, 1954, **2,** 67–106; 280–310.

(34) OSTOW, MORTIMER. 'Entropy Changes in Mental Activity', *J. Nerv. and Ment. Dis.*, 1949, **110,** 502.

(35) RACKER, HEINRICH. 'A Contribution to the Problem of Counter-Transference', *Int. J. Psycho-Anal.*, 1953, **34,** 313.

(36) RAPOPORT, ANATOL. *Operational Philosophy.* (New York: Harper, 1954.)

(37) REICH, ANNIE. 'On Counter-Transference', *Int. J. Psycho-Anal.*, 1951, **32,** 25.

(38) ROBERTS, J. K. *Heat and Thermodynamics.* (London and Glasgow: Blackie, 1940.)

(39) RUESCH, JURGEN. 'Synopsis of the Theory of Human Communication', *Psychiatry*, 1953, **16,** 215.

(40) —— and BATESON, GREGORY. *Communication; the Social Matrix of Psychiatry.* (New York: Norton, 1951.)

(41) SCHRÖDINGER, ERWIN. *What is Life?* (New York: Macmillan, 1945.)

(42) SHERRINGTON, SIR CHARLES (1940). *Man on His Nature.* (New York: Doubleday, 1953.)

(43) SOSKIN, W. F. 'Frames of Reference in Personality Assessment', *J. Clin. Psychol.*, 1954, **10,** 107.

(44) STRACHEY, JAMES. 'The Nature of the Therapeutic Action of Psycho-Analysis', *Int. J. Psycho-Anal.*, 1934, **15,** 127.

(45) SZASZ, T. S. 'Is the Concept of Entropy Relevant to Psychology and Psychiatry?' (To be published.)

(46) —— 'On the Psychoanalytic Theory of Instincts', *Psychoanal. Quart.*, 1952, **21,** 25.

(47) THOMSON, R., and SLUCKIN, W. 'Cybernetics and Mental Functioning', *Brit. J. Phil. Sci.*, 1953, **4,** 130.

(48) WAELDER, ROBERT. 'The Principle of Multiple Function: Observations on Over-Determination', *Psychoanal. Quart.*, 1936, **5,** 45.

(49) WEIGERT, EDITH. 'Contribution to the Problem of Terminating Psychoanalyses', *Psychoanal. Quart.*, 1952, **21,** 465.

(50) —— 'Counter-Transference and Self-Analysis of the Psycho-Analyst', *Int. J. Psycho-Anal.*, 1954, **35,** 242.

(51) WEISS, JOSEPH. 'A Psychological Theory of Formal Beauty', *Psychoanal. Quart.*, 1947, **16,** 391.

(52) WIENER, NORBERT. *Cybernetics.* (New York: Wiley, 1948.)

(53) WINNICOTT, D. W. 'Hate in the Counter-Transference', *Int. J. Psycho-Anal.*, 1949, **30,** 69.

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THE SOCIAL CONTEXT OF SUPERVISION[1]

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INTRODUCTION

Supervision of a candidate's early efforts as psycho-analyst has been a subject of discussion in local, national, and international training conferences for almost thirty years. The importance of what was originally called ' control analysis ' has never been questioned, but rather has been increasingly emphasized by all individuals and official groups charged with responsibility for training. Considering this fact, it is remarkable to discover the paucity of communications in the literature having to do primarily with this aspect of training. In Fenichel's 200-item bibliography on technique (1), there is only one reference (2) specifically having to do with supervision. In the more than ten years since that list was made, and despite the increasing number of articles on every aspect of technique as related to training, there have been notably few on supervision (3).

In 1952, Blitzsten and Fleming (4) added a dimension to the discussion of supervision with the idea that ' good supervision ' is a continuation of ' analytically therapeutic ' experience for the candidate, a concept even more pointedly stated by Ackermann (5), who found ' an important core of truth ' in the consideration that the supervised analysis may be ' in effect a second personal analysis for the student '. Now such a concept introduces a notable, if not new, complication into the training relationship of supervisor and student, bringing with it the many problems of transference and counter-transference related to the psychic presence of the personal analyst (6). Many and even contradictory suggestions have been made for dealing with these problems. The older practice advocated by Kovacs (7) of having the supervisor become the training analyst (or *vice versa*) is no longer in keeping with present training practices, and would in any case be a questionable procedure. ' More analysis ', whether called ' supplementary analysis ' or ' second analysis ' or ' interminable analysis' or even more recently ' self-analysis ', are only a few of the further suggestions (8). Of these, interminable (or regularly repeated) analyses do not seem to have found many adherents among training analysts (9). The suggestion of Blitzsten and Fleming (10) of ' collaboration in analysis ' between supervisor and personal analyst, found to be highly controversial on its introduction (11), will be discussed later. Here suffice it to say that we must accept as a fact the presence of an important third element in the supervisory setting. Thus we are immediately at one remove from the simple, educationally-oriented one-one relationship which supervision would superficially appear to be.

But even the most cursory examination of the supervisory situation provides evidence of many more elements than the three indicated in the supervisor–student–personal-analyst triad. And an extension of this examination into a review of the functions and interactions of even these three individuals indicated in the supervisory triad will lead us into a much larger contextual reference than any heretofore described in the literature of supervision.

It will be the task of this paper to define the supervisory situation; to describe the elements involved in such a definition; to indicate some of the problems inherent in the interaction of these elements; and to discuss some methods whereby these problems may potentially be capable of resolution.

A Definition of Supervision

In seeking a definition, various methods are possible: *inter alia* the methods of description, logical analysis (dissection into elements), effects in action (functional or operational analysis), and even exclusion. The definition I propose is certainly descriptive; it includes reference to specific separate elements; and it deals with these elements particularly in terms

[1] Based on a presentation made to the Chicago Training Analysts' Seminar, 9 February, 1954.

of their functions. So with emphasis on the empirical, operational aspects of supervision, here is a working definition:

> Supervision is a purposeful experience overtly taking place between two people (student and supervising analyst), who have in common the experience of handling the transference phenomena (12) of a third person (the patient), and with the effect ideally of becoming
> (*a*) Primarily a learning and development experience for the student;
> (*b*) Secondarily, a therapeutic process for the patient;
> (*c*) Concomitantly, a fostering of mutual understanding between supervisor and student; and
> (*d*) Finally, a procedure worth accreditation by an Institute.

The Elements of the Supervisory Situation

In the immediately preceding definition of supervision, the word 'overtly' was used, viz., an 'experience overtly . . . between two people'. This brings us at once to the matter of who else is there, whether overtly or covertly. To sketch it out schematically, those present, both actually and in psychic representation, are

(1) A supervisor;
(2) A student;
(3) A patient under discussion;
(4) The student's analyst (13) (the training analyst);
(5) Another present or past supervisor—assuming at least one other (since students are not expected to carry only one supervised analysis at a time, or to have the same supervisor for more than one patient);
(6) An Institute Committee on Education, considered here as a single entity in coming to a unitary decision relative to the student's progress; and
(7) A clinical conference instructor who acts as chairman and usually chief discussant when supervised analyses are presented at seminars (14).

These seven constitute a minimal listing of the elements involved in achieving the four functions of supervision previously indicated. There would be further necessary inclusions if there had been more than one personal analyst, more than one other supervisor, and changes in educational committee personnel and policies. There will almost certainly too have been other instructors whose ideas on technique will have carried weight with the student. And via each such person there will have been an orientation to particular theories which must have their echoes in the practice of the individual who accepts them (15, 16).

The Interaction of Elements

There are times when the mathematics of a situation can tell us a great deal, if only in terms of the quantities involved and of their combinations. In our list of seven elements in the supervisory situation, we know that interaction between these elements involves grouping, and groups in such a system can be mathematically represented (17). The number of different ways in which we can choose a group of k numbers from a given n numbers is known as the number of simple combinations (18). At present, let us assume for each of the seven elements in the supervisory system a single primary (or at least dominant) emotional valence (19). Then if we are concerned with the duo-combinations in the system, we have, by the formula for simple combinations, 126 separate possible groupings (of two each) to consider in the supervisory system indicated.

If, as we know, the seven elements are personified, we also know that they are far from being the conveyors of a unitary or single primary (non-ambivalent) attitude. If, then, each of the seven is taken as conveying at least one clearly accepting and one clearly rejecting attitude, we find by the same formula that our seven persons will provide us with the staggering total of 1,183 different combinations of positive and negative feeling among and between all the 2-groups in our system. And if this is not sufficient to indicate the potential for complication, we should for the moment consider that all the possible juxtapositions and arrangements (permutations) of our original seven elements reach the tremendous total of 5,040 (20).

But if the mathematics of our system points the way to complexity, it also provides a way to simplification. For if in the formula we pay more attention to the symbol that stands for the size of the groups selected for possible combinations (k) from the total group (n), we can, *via predominantly cohesive* (non-ambivalent) *attitudes among any three* persons at a time, reduce the total number of possible combinations to the workable figure of 35. This is a desideratum not often attained.

Having indicated the inescapable complexities

related to number alone, we come now to those complexities—more difficult of solution—which are nevertheless more familiar to us as analysts: the qualitative complications of inter-relatedness thus far indicated only in the remarks on transference-countertransference, and on ambivalence. It is not possible here to detail the openly observable qualitative complexities of inter-relatedness among and between all of the individuals in the supervisory setting. However, since by definition the fate of the student is our primary concern, we can orient our qualitative analysis to the student in his interaction with the other personified elements in the total supervisory situation.

A student hopes generally to achieve these results from supervision:

(*a*) To increase his therapeutic armamentarium —' to get ' from the supervisor potent remedies (both realistically and magically conceived!), thereby increasing his sense of power and competence;

(*b*) To please his supervisor, his instructors, and his analyst;

(*c*) To make an impressive presentation in clinical conference, thus achieving also prestige among his confrères;

(*d*) To have his work accredited by an Institute; and (we hope central to all the the above)

(*e*) To be an effective therapist with his patient for the patient's own sake.

These matters are all pretty well conscious, or at least conscious lip-service is done them. And we know that the most complicating factors will surely not be these problems, but unconscious ones. To what extent can we assess the degree to which unconscious factors in the student will be complications in the supervisory situation?

It is here that—whatever ideal we may hope for—every article on technique, on criteria for termination, and on evaluation of therapeutic results, has much to say about the unhappy facts of unresolved transference to the personal analyst. Glover (21) writes ' there is plenty of evidence that these residual transferences . . . express themselves in characteristic professional form '. The slavishly rigid, out-of-context application of the analyst's methods can be carried to the point of ' spiteful obedience ' (22) that becomes a double-edged caricature. The student in these circumstances appears consciously incapable (unconsciously unwilling?) of hearing and applying what the supervisor has to offer. And to carry the complication even further, Balint (23), in his 1948 review of the psycho-analytic training system, described candidates as segregated into ' genetic groups ' along transference lines with leniency toward their own and hypercritical tendencies toward other groups (24). Thus it becomes a problem of even more than one analytic generation.

But no matter how valid all these considerations regarding unresolved transference (and resulting counter-transference problems) in the student-candidate may be, and no matter how thoroughly documented this problem is in the literature of the last ten years, there is nevertheless a contradictory empirical observation capable of validation by each training analyst in every Institute. This observation is that supervisors do not generally behave as though unresolved transference manifestations in students were the rule; and that, on the contrary, the usual behaviour of supervisors, attested by their actual functioning within the framework of the present system of clinical training in psycho-analysis, is to accept candidates for supervision *as though* these students had, to their own and their analysts' satisfaction, come to some working basis for an ultimate (if not present) and sufficient (if not complete) resolution of the transference (25).

Since we, as supervisors, *behave as though* unresolved transference in students is not the rule, it follows that we should not jump too quickly to some ready-to-hand cliché of ' unresolved transference ' and ' counter-transference ' whenever there is trouble in supervision. We must simply expect that if this possibility exists, the student should be able (with support) to conduct himself as we would hope to if our own transference–counter-transference problems were called in question. We expect of ourselves that we should, in privacy, be ready to investigate the manner and degree of our own transference-resolutions and possible counter-transference manifestations. It is only by such private and objective inquiry (26) fortified by consultation with a colleague when personal reflection seems unproductive, that we can deal with an otherwise unresolvable egocentric predicament.

If, in line with our empirical observation, we are not content to lay our major supervisory burdens on to transference–counter-transference, we may come to other, less intangible and more immediate factors in our own interaction with student-candidates and with other personified

elements in the supervisory situation. Here it seems to me we cannot do better than to begin with Glover's simple statement that 'when . . . there are actual differences in analytical outlook and practice, candidates may . . . become confused' (27). I append an example from my experience, written by a student about a year after a 'crisis' in a clinical seminar in which he originally felt he had been 'torn to bits' (28).

'I presented my third supervised case to Dr. ——'s seminar after 75 treatment hours and 13 supervisory hours. My supervisor had advised against presentation because the seminar would encourage premature interpretation of speculative formulations. I had been advised to allow the analytical process to develop by limiting my participation to the eliciting of specific associations to individual manifest dream elements and encouraging the patient to talk about the past.

'The conference chairman on the other hand stressed dynamic formulation and interpretation. After presentation of the material of several hours, the chairman asked what I thought was going on and what interpretations I had made to the patient. There followed much discussion of so-called classical technique and of current controversies in analytic groups. Following the seminar, the chairman questioned me further about the case and my supervisor.

'As would be expected this stirred some doubt and confusion. Here was a conflict between teachers' approaches. I decided to follow the recommendations of the supervisor.'

When asked to amplify the content of his 'doubt and confusion', and why he thought he might have decided for the supervisor rather than the conference chairman, he wrote that his first tendency had been to 'dismiss the problem', since he was continuing with his supervisor, and might presumably just as well continue with her approach. Soon he became aware of anxiety about his 'status at the Institute'. He recalled that he had had 'transference problems' related to a previous supervisor, and affecting the progress of his patient. 'I was concerned about a repetition' with the present supervisor, which could of course be reflected in supervisory reports. The next (or concurrent?) phase had to do with a 'rejection of the conference chairman's approach' because the 'critical attitude' seemed to be 'personal'. The final phase in the candidate's decision involved, in addition to the negative factors, the following perhaps positive, if intellectualized, attitude. 'I felt that the different approach was a learning experience. I hadn't been exposed to this approach before, so decided to observe its application and effect.' After more than 200 hours he felt that the work was developing satisfactorily and had constituted a 'learning experience'. He still questioned the application of this technique 'had this patient been a sicker person'.

Confusion had certainly developed here, and was apparent for many, many hours in a vacillating, by turns diffident and aggressive approach in supervisory sessions. Whatever the value of such a learning experience', confusion is scarcely a recommended instrument of pedagogy. Also there is much to reflect on in this candidate's reference to 'status at the Institute'. Heimann (29) remarks the difficulties involved when the analyst acts as representative of the training committee. Similar and professionally damaging complications can occur when the supervisor represents Institute faculty opinion and Educational Committee decisions as well (30).

The following is an instance in which I was asked by a student to act as consultant regarding work with another supervisor, who held an official faculty appointment and was in addition a member of the Educational Committee. After several years, and when he had demonstrated present ability to work with the previous supervisor, I asked this student to comment on the circumstances of the original crisis. The account follows:

'The patient was my first analytic patient—first control. . . . I consulted you after six months, during which I felt little had been accomplished, and there was difficulty in relationship with the supervisor. To put it kindly for both of us, the difficulty stemmed from poor communication.

'I presented material from each session as much word for word as I could bring myself to do, as this seemed from my conference experience to be the usual accepted procedure. I did not think what was going on with the patient was analysis as I had experienced it, but I thought it was what "they" wanted. I became extremely cautious in verbalizing what I thought or felt; and no questions were asked except those relating to rather constructed mechanisms and theoretical interpretations of the "material".'

It was at this juncture that the consultation took place. Much of what developed had to do with the relevance of the student's own observations of the patient, which pictured clearly a much more disturbed patient than would ordinarily be assigned to a young analyst. But even

more pertinent were the over-valued reactions to a supervisor–instructor–conference-chairman –committee-member all rolled into one. The idea of presenting to this composite of functions the fact that ' the Institute ' had not chosen wisely, that ' the committee ' had not assigned well, and that the six months had passed in something other than analytic effort, seemed not possible.

The candidate required, first, support in what seemed valid clinical observations. In addition, and more pertinently, it was necessary to face clearly everything that stemmed from such an—in fact—powerful combination of functions in one person. It was after this that the student communicated to the first supervisor his feelings about what had been going on. The picture was sufficiently startling for the supervisor to suggest that he see the patient, after which he indicated that the patient was unsuitable because of the possibility of a psychotic break. It was only then that the supervisor told the student he had previously thought him ' cold and rejecting '.

However many of these complications can be sidestepped by the comforting thought that everything is grist to the analytic mill if the analyst will ' only adhere to purely analytic procedure ' (31), it would have to be pointed out that all candidates do not remain in analysis throughout the course of training, and that it would be strange if not presumptuous to suggest to a candidate that he return to analysis to discover the source of any difficulties in supervision. Such an approach would complicate still further the already overcrowded psychic scene in which training analysis and supervision take place. And in this scene it would seem that the actual feelings of supervisors, personal analysts, and administrative committee members about each other must surely be subject to scrutiny.

A pointed brief statement in an article by Benedek (32) describes as basic ' the assumption that the group organization and the competition of analysts within the group are responsible for the counter-transference reactions ' in training analysts. This leads her to the question ' whether the loosening of the organization would diminish this source of error and failure in our work '. Reverberations of feeling must be inevitable when conflicting points of view exist. The following are statements made by senior analysts, taken from the minutes of seminar discussions.

' I have been burned many times by volunteering information to an analyst, by analysts who look at you as if they had not heard you.'

' Dr. X with her intuitive capacities has made a decision which isn't communicated by data, so that we cannot now look back at the written material and say, " Yes, there it is." '

' In all of this business with the faculty ' (seductiveness in a candidate), ' they fell for it.'

' You speak loudly in your [quiet] lack of intervention.'

Another example from the same group illustrates Glover's comments on hearsay reports of the technique of other analysts (33). In this instance our group was told of candidates who had been queried by a supervising analyst as to whether ' analysis of specific crises ' related to professional rivalry had proceeded to the point of explanation ' in terms of early experience ', with this categorical conclusion: ' I haven't heard of anyone who would say " Yes, I have had such experiences " ' (in analysis). The difficulties of technical discussion and the anxiety factors focusing on technique remarked on by Glover did not, in this instance, prevent a lively interchange Examples of the tension between supervising analysts can be multiplied in the experience of every training group. Specific and pointed inquiry may seem both impolite and irritating, but it may just possibly lead to what Rickman (34) saw as the real need on the scientific side, ' a fresh and intimate exchange of ideas ' in a not-too-sheltered setting.

From these considerations of emotional interaction between supervising analysts, the question that frames itself almost blatantly is: ' How are these feelings among and between authority-entities in the supervisory situation dealt with in the ordered official processes related to the work of training and supervision? ' The *gross* ways are obvious, and I think it only necessary to say on this point that clear doctrinal differences, and even open personal criticism, between analysts, are not usually productive of lasting or deep conflict in students. These open troubles they can usually, as they develop, deal with, assimilate, and judge for themselves. It is the less open differences that become in the long run dangerously complicating. When personal interaction occurs in a setting where scientific exploration of context is not possible, our tendencies to become tentative and unclear (whether in verbosity or silence) are greatly increased. Most particularly,

completely unspoken attitudes are apt to reverberate in the student to his detriment. When, in addition to the problems of interaction with supervisors, the student is subjected to the emotional effects of unstated or unclearly expressed differences of opinion and feeling among and between the several authority-entities in the supervisory situation, he suffers not only from confusion but also from psychic inhibitions which can sometimes be disastrous in their consequences to himself and to his patients (35).

Possible Methods of Resolution

What should be our solution? Self-evidently, and felt to be so (in however varying frames of reference) by Glover, Balint, Rickman, and Sullivan (36), it lies in opening the channels of communication between individuals, and in providing for the healthy growth of non-parochial groups in which this communication can take place.

That this cannot be easily accomplished is a truism. Yet the history of the very group from which so many of my examples are drawn indicates the possibilities as well as the difficulties that must be inherent in this crucial matter of ' communication '. Presumably, and from the point of view of the Blitzsten-Fleming presentation (37), it should be possible to have direct communication between at least two authority-entities in the supervisory setting when the student is still in analysis. They make it in essence a contact between supervisor and training analyst, with the student participant in the process. Apart from the ' personal resistances ' to such a practice remarked by Blitzsten and Fleming (38), and apart from theoretical objections (as well as practical complications) occasioned by the actual introduction of any outside person into the complicated interpersonal context of an analysis, there are other considerations that in my view remove this type of ' collaboration in analysis ' from the ' healthy . . . group ' category. Implicitly, in ' collaborative analysis ', two inferential possibilities are suggested. First, that the supervisor becomes a kind of super-analyst, for he knows of some important resistance in the student of which the personal analyst has little or no knowledge. I doubt whether most training analysts would agree with such an assumption. More probably the resistances noted by the supervisor relate to extremely important areas in analysis which would require repeated working-through before clear and relatively constant awareness of their meanings could be manifested in conscious behaviour and functioning. Second, it is implied that the student would consciously and volitionally not deal with difficulties regarding supervision in his analysis, and that he would require the prodding of a supervisor to do so. True, he might not speak of a supervisory ' jam ' any more or less than he might speak of other conscious day-doings. But neither conscious volition nor prodding should have a part in this question. If the impact of the particular problem situation were of major degree, it would certainly come up in its relevant *unconscious* setting in subsequent analytic hours, and in association with deeper and older problems—if feeling and verbal association were really free.

This leads to a third and explicit objection to this particular kind of inter-authority communication or supervisory collaboration—that of any interference with the process of free association. It is true that analysts generally do not hesitate to direct attention to dream or phantasy elements, or even to indicate when, in certain observable, individually unique ways, association does not seem to be free. It is doubtful, to say the least, whether this type of supervisory instruction to discuss a particular problem would be within the usual range of relaxation of the rule of free association.

While direct contact and free communication between training and supervising analysts on any and all *general* analytic subjects is both desirable and necessary, my essential point of difference from Blitzsten and Fleming is this: that in the light of clinical experience and of studies of social interaction it is not in fact necessary that we concentrate our communication on a particular student's problems. It is not even necessary that we mention the student to each other. Rather it is necessary that we get to know our own differences with each other openly, whether these differences are capable of solution or not. It is further necessary that, having expressed our differences to each other, we still make every effort to keep open our channels of communication.

What then of a larger group of training analysts? How healthy can it be, how effective as a means of communication? It has certainly been apparent for many years that formal professional meetings, with prepared papers and discussions, are rarely productive of the kind of communication that leads to better under-

standing between professional colleagues (39). It is even more certain that problems relating to training and supervision could not be discussed with any freedom if the audience contained candidates. To the particular group whose experience in mutual participation and communication has led to the reflections aired in this paper, it seemed also desirable that there be no ' official ' connection with any society, training body, or institution, and that there be a minimum of organization (40).

It can be seen from the remarks of participants, previously quoted, that despite polite agreement and absence of discussion at some meetings we were by no means always in agreement, and sometimes in bitter or even hectic disagreement. Anxiety factors must indeed have been at work at those times when ' doldrums ' seemed to have set in, or when eclectic rephrasings by chairmen threatened to deny all discord. But despite the difficulties, and despite disruptive suggestions for discontinuance, three years of fairly regular meetings with the opportunity of seeing, hearing, arguing with, liking, and disliking each other have led us at the very least to a clearer knowledge of our differences, and sometimes, surprisingly, to unknown areas of agreement with ' strange bedfellows '.

Conclusion

In summary, it is suggested that a lessening of the complexities of inter-relationship in the supervisory setting may be achieved by:

(1) Setting up informal groups of training analysts, where in seminar fashion any topic may be discussed (41).

(2) Providing for regular additions to the group, e.g. new training analysts; and for special purposes, participants experienced in other disciplines.

(3) Arranging for meetings of supervising analysts with groups having related interests, e.g. with Institute or Society Education and Curriculum committees. Student groups, whether from classes or from candidates' associations, could also meet with such committees for informal discussions (42).

(4) Becoming as clearly aware as is possible of the tremendous complexities of the social context in which supervisory relationships are undertaken. This is not said to re-emphasize the astounding numerical quantities involved, or even to put us in awe of the many psychically represented members of the psycho-analytic family who silently participate in our no longer one-one supervisory setting. It is rather said in the hope that we may be increasingly sensitive to the results of our unexpressed reactions as these are implied both in our theoretical formulations of supervisory problems and in our practical dealings with students.

We know that psycho-analysis is effective as a therapeutic technique developed in and from the intimate, interpersonal relationship of analyst and analysand. We know also that it has been a potent force in opening new intellectual views of social problems. Can its understandings also be therapeutically potent in the larger social context? The fate of even a single group, such as this one of training analysts, is a test of psycho-analysis in the social context of a larger than one-one relationship. At the very least, it should be possible to say (as of the United Nations), ' It may not be worth much, but as long as they keep talking, maybe they won't shoot! ' And for training analysts, in the light of experience, it should be remembered that it is the students who get caught in the cross-fire.

When we as supervisors are not forced by silent mutually-isolating techniques to use the supervisory situation as a vehicle of our personal and doctrinal differences, supervision will become much more what it was meant to be in terms of our definition and of our conscious intent. Analysts are, of course, in the inescapable psycho-analytic predicament: we know that exhortation is of no avail, and that anxieties in the best-analysed of us can still be dealt with by all the familiar dynamisms of a denying and distorting character. Yet we have at least this to be said for us—that our profession makes the burden of self-awareness an ever-present one, and that for most of us it is a personal desideratum we do not too often allow ourselves to ignore, at least in private. It is this awareness finally that will make us sensitive to and cognizant of the emotional forces converging on the supervisory situation, here described as the ' social context ' of supervision.

REFERENCES AND COMMENTS

(1) Otto Fenichel. *Problems of Psychoanalytic Technique* (Transl. David Brunswick). (Albany: Psychoanalytic Quarterly Inc., 1941, pp. 123–30.)

(2) Vilma Kovacs. ' Training and Control Analysis ', *Int. J. Psycho-Anal.*, 1936, **17**, 3, pp. 346–54.

(3) *Cf.* as a resumé of then extant points of view the discussions of EDWARD BIBRING and KARL LANDAUER in 'Methods and Technique of Control Analysis' in the report of the Four Countries Conference. *Int. J. Psycho-Anal.*, 1937, **18,** 2 and 3, pp. 369–71. For later contributions to the subject see following references.

(4) N. LIONEL BLITZSTEN and JOAN FLEMING. 'What is a Supervisory Analysis?', *Bull. Menninger Clinic*, 1953, **17,** 4, pp. 117–29.

(5) NATHAN ACKERMAN. 'Selected Problems in Supervised Analysis', *Psychiatry*, 1953, **16,** 283–290.

(6) This would obtain whether or not the candidate's personal analysis was still going on.

(7) *Op. cit.*

(8) Found chiefly in the burgeoning literature on counter-transference, rather than in any contributions directly related to supervision.

(9) Consultations with colleagues regarding problem-situations I do not include under the heading of analytic inquiry, even though analytic insights are sought and expected in such a colloquy.

(10) *Op. cit.*, p. 125.

(11) Discussion on presentation to the Chicago Psychoanalytic Society (April, 1952) by Maxwell Gitelson, Bernard Kamm, and the present writer.

(12) JOHN RICKMAN. 'Reflections on the Function and Organization of a Psycho-Analytical Society', *Int. J. Psycho-Anal.*, 1951, **32,** 3, p. 220.

(13) I am not referring to a situation where the student's personal analyst would presumably be contacted directly by the supervisor for discussion of the student or his work. (*Cf.* BLITZSTEN and FLEMING, *op. cit.*). I refer rather to the psychic presence of the personal analyst in his influence on the student.

(14) I do not ignore the student's confrères, whose opinions and reactions must also be of importance; but I use the clinical conference instructor as the unitary (and powerful) representative of the group.

(15) For exposition of the ways in which theoretical differences foster variety in technique, *cf.* EDWARD GLOVER's discussion in Appendix III of *An Investigation of the Technique of Psycho-Analysis* (London: Institute of Psycho-Analysis and Baillière, Tindall and Cox, 1940, p. 160) anent the Kleinian views and their effect on practice in England between 1934 and 1938. *Cf.* also CLARA THOMPSON, 'The Therapeutic Technique of Sandor Ferenczi: A Comment', *Int. J. Psycho-Anal.*, 1943, **24,** 1 and 2, pp. 64–6; KURT EISSLER, 'The Chicago Institute of Psychoanalysis and the Sixth Period of the Development of Psychoanalytic Technique', *J. of Genetic Psychol.*, 1950, **42,** 103–57; and MARY JULIAN WHITE, 'Sullivan and Treatment,' Chap. IV of *The Contributions of Harry Stack Sullivan—A Symposium* (Ed. Patrick Mullahy). (New York: Hermitage House, 1952.)

(16) It was suggested in discussion (Dr. Edwin Eisler) that a temporal factor be included, since each individual listed would conceivably change certain of his views and even his deeper emotional orientation as he lived through years of personal and clinical experience. However, my presentation assumes a cross-section at a given time.

(17) For the quantitative approach to the problem of interaction in such a group I am indebted to Professor (*Emer.*) Arnold Emch, Sr., University of Illinois.

(18) For which the formula is:

$$C_{n,k} = \frac{n(n-1)\ldots.(n-k+1)}{1 \times 2 \times 3 \ldots. k} = \binom{n}{k}.$$

(19) i.e. a predominantly non-ambivalent attitude.

(20) The number of permutations of n numbers $[P_n = n! = 1 \times 2 \times 3 \ldots. (n-1) . n]$. Thus, factorial 7 (notation 7!) $= 1 \times 2 \times 3 \times 4 \times 5 \times 6 \times 7 = 5040$.

(21) *Op. cit.*, p. 3.

(22) N. Lionel Blitzsten, a favourite phrase.

(23) MICHAEL BALINT. 'On the Psycho-Analytic Training System', *Int. J. Psycho-Anal.*, 1948, **29,** 1, p. 167.

(24) For an amusing footnote on what he calls 'apostolic succession', *cf.* MICHAEL BALINT, 'Analytic Training and Training Analysis', *Int. J. Psycho-Anal.*, 1954, **35,** 2, p. 161.

(25) In reviewing the minutes of the Training Analysts' Seminar over a period of two years, I found only two instances in which the specific question of counter-transference in the training analyst was brought up, and in which then (and only inferentially) the question of unresolved transference in the student arose.

(26) A reflective exercise which I cannot personally call 'self-analysis', since only rarely do new reconstructive insights come by the process of careful self-review.

(27) *Op. cit.*, p. 6, i.e. differences between supervisors.

(28) I asked the candidate, after this lapse of time, whether he would be willing to describe in a brief paragraph or two something of what had happened at the time of the presentation characterized by his colleagues as a fiasco. Editing of his statement is limited to the deletion of names and the omission of a few redundant phrases.

(29) PAULA HEIMANN. 'Problems of the Training Analysis', *Int. J. Psycho-Anal.*, 1954, **35,** 2, pp. 163–8.

(30) It is my belief that the particular complications remarked by Heimann can be better dealt with when the administratively powerful figure is the personal analyst than when he is the supervising analyst. That is to say, if the analysis does not bog down completely, the attitudes toward authority-components of the distorted transference-figure can be analytically worked out. This could only rarely happen in supervision, unless the candidate was still in personal analysis; and even then it would constitute an adventitious (perhaps even factitious) precipitant in the course of analysis.

(31) PAULA HEIMANN, *loc. cit.*

(32) THERESE BENEDEK. 'Counter-Transference in the Training Analyst', *Bull. Menninger Clinic*, 1954, **19**, 1, pp. 12–16.

(33) *Op. cit.*, p. 5.

(34) JOHN RICKMAN. 'Reflections on the Function and Organization of a Psycho-Analytical Society', *Int. J. Psycho-Anal.*, 1951, **32**, 3, p. 220.

(35) This has been exceptionally well documented in an institutional setting where cross-currents of attitude and their reflected manifestations in staff and patients could be carefully observed. *Cf.* ALFRED H. STANTON and MORRIS S. SCHWARTZ, 'The Management of a Type of Institutional Participation in Mental Illness', *Psychiatry*, 1949, **12**, 13–26; 'Medical Opinion and the Social Context in the Mental Hospital', *Psychiatry*, 1949, **12**, 243–9; 'Observations on Dissociation as Social Participation', *Psychiatry*, 1949, **12**, 339–54. Also, MORRIS S. SCHWARTZ and GWEN TUDOR WILL, 'Low Morale and Mutual Withdrawal on a Mental Hospital Ward', *Psychiatry*, 1953, **16**, pp. 337–53.

(36) *Cf.* reference in notes 15 (Glover), 23, 12; and HARRY STACK SULLIVAN, 'Remobilization for Enduring Peace and Social Progress', *Psychiatry*, 1947, **10**, pp. 239–52.

(37) *Op. cit.*, p. 125.

(38) *Op. cit.*, p. 120.

(39) JOHN RICKMAN, *op. cit.*, p. 228.

(40) Essentially, this follows the suggestion made by Ernest Jones as along ago as 1937. (*Cf.* MAX EITINGON, 'Opening Address to the International Training Conference', *Int. J. Psycho-Anal.*, 1937, **18**, 1–2, p. 354.) From the response of a number of analysts to news of this venture, as well as from the literature, it appears that this continued joint exploration of problems incident to training and supervision has been something of a unique venture.

(41) This is not meant to suggest that other groups, smaller or more specialized in function, should not be formed; the more the better, if they are not designed to do each other out of existence.

(42) In 1936, Anna Freud (*cf.* Eitingon reference, note 40), and in 1948, Balint (*op. cit.* in note 23, p. 171) spoke with enthusiasm of such developments at the Vienna and London Institutes.

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UNCONSCIOUS MENTAL PROCESSES AND THE PSYCHOSOMATIC CONCEPT

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Of all the sciences, it is without doubt psychoanalysis which offers the best means of observing in the human being the constant interactions between mental and bodily events. To the analyst such interactions are a matter of everyday clinical experience, and his detailed findings concerning them are basic not only to psychoanalysis itself but also to the closely allied field of psychosomatic medicine. Yet one of the unsolved problems common to both fields is that of body-mind interaction as such, since the very concept of such interaction appears to conflict with the principle that the causes of any given physical event are themselves exclusively physical, and therefore that nothing which is defined as non-physical can in any way intrude into the closed circle of natural causation so as to exert a physical effect.

It might, of course, be claimed that this principle of the closed circle of physical causation has been clearly invalidated by just those above-mentioned clinical observations of body-mind interaction, and in general by the whole current psychosomatic revolution in medicine. But this would actually entail that in each of the vast number of these apparent body-mind interactions (and in every voluntary action, for that matter) something non-physical intervenes somewhere among the atoms and nerve-currents in the body and makes them do what they would not have done otherwise. And physicists and physiologists could not admit such a possibility, since as scientists they proceed on the assumption that any given bodily event could be explained completely in terms of other bodily events provided they knew enough about them.[1] The principle of the closed circle of physical causation (with its corollary of the conservation of mass-energy) thus remains a necessary working assumption, and even those clinicians to whom the effects of mental events on bodily ones are undeniable facts are not inclined to question a principle so fundamental to natural science as this, especially since they themselves are natural scientists. Yet there is a very real contradiction between these two equally compelling generalizations: between, that is, the causal effect of mental events upon bodily ones, and the closed circle of physical causation.

There was a time when this contradiction represented nothing more than the time-worn philosophical dilemma of the body-mind relationship; but with the advent of psycho-analysis and psychosomatic medicine the contradiction has assumed a more practical significance. The extent to which it may influence the thinking of the clinician is shown, for example, in this excerpt from an article by Alexander (2, p. 205):

> . . . an author gives an excellent description of the effects of psychological factors upon some clinical condition, then becomes apologetic and tries to dodge the whole issue of psychogenesis by saying that one should not speak of psychogenesis but of the coexistence of certain psychological factors with certain physical symptoms.

It is not of course the facts of psychogenesis in particular, or of the interplay of mental and bodily factors in general, which are involved here, but rather the problem underlying them and referred to by Freud (13, p. 219) in his reference to the 'mysterious leap' from the psychic to the physiological in the case of hysterical conversion, a 'leap' which Ferenczi (5, p. 100) called 'that primal riddle of hysteria'. The author referred to by Alexander appears to have recognized the presence of the above-mentioned contradiction, and thus to have reverted from an interaction theory of the body-mind relation to psychophysical parallelism, a theory which was held by Freud in his book

[1] See Hebb (23, pp. xiii–xiv), who writes in this connexion: 'One cannot logically be a determinist in physics and chemistry and biology, and a mystic in psychology. . . . A philosophical parallelism or idealism, whatever one may think of such conceptions on other grounds, is quite consistent with the scientific method, but interactionism seems not to be.'

On Aphasia (1891), following the lead of Hughlings Jackson, but the validity of which Freud later came to doubt (in 11, p. 100, he refers to ' the insoluble difficulties of psycho-physical parallelism '). Parallelism explicitly denies any causal relations between mental and bodily events—either of the mental on the bodily or *vice versa*—and so becomes unacceptable to the clinician, to whom the facts clearly indicate the most intimate causal relations between the two. Also unacceptable, therefore, is epi-phenomenalism, in which bodily events causally influence mental ones but not *vice versa*, and materialism, in which mind is completely reduced to matter. And the two remaining sub-divisions of the various body-mind theories—the double-aspect and identity theories—are similarly unacceptable, since, according to the former, neither what is mental nor what is physical has any causal relation to the other or between different parts of itself, since both are mere aspects or appearances of a third unknowable substance; and the identity theory simply regards all matter as in itself nothing but consciousness.[2] Thus, of the various body-mind theories, only interactionism appears adequate to the needs of the modern clinician, and yet this is the very theory which contradicts the above principle of the closed circle of physical causation.

There is a tendency among writers in the field of psychosomatic medicine in dealing with this problem either simply to stress the ' unity ' of body and mind as partly expressed in the term ' psychosomatic ', or to deny that there is a real problem at all. But since there are very real distinctions between body and mind, it is clear that no genuine permanent solution can be attained in either of these ways. The problem should be approached by facing it squarely, especially since in Freud's writings there is a treatment of it which, when supplemented by further hypotheses and empirically tested, may represent a genuine approach towards its solution.

In order to make this treatment explicit it will be best to quote at length from one of the last papers Freud ever wrote—' Some Elementary Lessons in Psycho-Analysis '—which was apparently to be a fresh version of his *Outline of Psycho-Analysis*, but which was left unfinished and extends to only a few pages (17). Those few pages, however, appear in a section entitled ' The Nature of the Mental ', which begins as follows:

> Psycho-analysis is a part of the mental science of psychology. It is also described as ' depth psychology '—we shall later discover why. If someone asks what ' the mental ' really means, it is easy to reply by enumerating its constituents: our perceptions, ideas, memories, feelings and acts of volition—all of these form part of what is mental. But if the questioner goes further and asks whether there is not some common quality possessed by all these processes which makes it possible to get nearer to the *nature*, or, as people sometimes say, the *essence* of the mental, then it is harder to give an answer.

Freud then points out that a physicist, if asked an analogous question concerning electricity, for example, would reply that he did not know the *nature* of electricity, being satisfied provisionally to study the laws governing electrical phenomena and to put them to practical use. Freud proceeds to show, however, that the case of psychology, which is also a natural science (' What else can it be? '), is different. Few outsiders would be bold enough to pass judgement on matters of physics, but everyone feels qualified to hold an opinion on psychological questions. ' And now ', he continues,

> comes the remarkable thing. Everyone—or almost everyone—was agreed that what is mental really *has* a common quality in which its essence is expressed: namely the quality of *being conscious*—unique, indescribable, but needing no description. All that is conscious, they said, is mental, and conversely all that is mental is conscious: that is self-evident and to contradict it is nonsense. It cannot be said that this decision threw much light upon the nature of the mental; for consciousness is one of the fundamental facts of our life and our researches come up against it like a blank wall and can find no path beyond it. Moreover the equation of what is mental with what is conscious had the unwelcome result of divorcing mental processes from the general context of events in the universe and of setting them in complete contrast to all others. But this would not do, since the fact could not long be overlooked that mental phenomena are to a large extent dependent upon somatic influences and on their side have the most powerful effects upon somatic processes. If ever human thought found itself in an *impasse* it was here. To find a way out, the philosophers at least were obliged to assume that there were organic processes parallel to the conscious mental ones,

[2] For a comprehensive critical review of the traditional theories of the body-mind relationship, see McDougall (39), esp. Chaps. xi and xii. Dunbar (3), Chap. i, presents a survey of the recent literature on this topic.

related to them in a manner which was hard to explain, which acted as intermediaries in the reciprocal relations between ' body and mind ', and which served to re-insert the mental into the texture of life. But this solution remained unsatisfactory.

Psycho-analysis escaped such difficulties as these by energetically denying the equation between what is mental and what is conscious. No; being conscious cannot be the essence of what is mental. It is only a *quality* of what is mental, and an unstable quality at that—one that is far oftener absent than present. The mental, whatever its nature may be, is in itself unconscious and probably similar in kind to all the other natural processes of which we have obtained knowledge.

In this passage Freud finds the traditional body-mind theories to be unsatisfactory, just as they were found to be above. But the passage brings out the important fact that despite the great differences between these above-mentioned body-mind theories, *they are all alike in the one respect of equating what is mental with what is conscious.* Since Freud writes that psycho-analysis escaped the difficulties of these theories by denying such an equation and by asserting that the mental is in itself *un*conscious,[3] it is important to try to determine just what Freud meant by his concept of unconscious mental processes.

In Volume I of his biography of Freud (26, Chap. xvii, entitled ' Freud's Theory of the Mind,' pp. 403–4), Ernest Jones points out that Freud habitually used the phrase ' unconscious mental processes ' in reference to the most complicated processes of thought which experience had taught him could go on unaccompanied by consciousness (as well of course as to processes which are inadmissible to consciousness), yet Jones shows how far from dogmatism he was in the matter by quoting the following passage concerning the displacement of affects (7, p. 298):

> . . . Perhaps it would be more correct to say: these processes are not of a psychical nature at all, but are physical processes the psychical consequences of which are represented as if what is expressed by the words ' detachment of the idea from its affect and false connection of the latter ' had really happened.[4]

Such passages point to what might be called Freud's *metaphorical* meaning of ' unconscious mental processes '; that since psychoanalytic propositions are formulated in strictly psychological language at an appropriate degree of separation from physiology, the processes with which they deal are conveniently spoken of *as if* they were psychological processes, even though it should ultimately be possible to replace the psychological with a physiological formulation. According to this metaphorical meaning, then, unconscious mental processes are events formulated by means of psychological terminology which must be maintained for heuristic purposes until the time when it can be adequately replaced by physiological terminology.

But Freud often goes beyond this metaphorical meaning to a more *literal* meaning of ' unconscious mental processes ', illustrated by such passages as the following (15, p. 167):

> . . . psycho-analysis asserts that what is mental is in itself *unconscious* and that being conscious is only a *quality*, which may or may not accrue to a particular mental act and the withholding of which may perhaps alter that act in no other respect.

Freud evidently means here something more than an ultimately physiological process of which it is only provisionally necessary to speak *as if* it were mental; he means rather an act or process which may literally possess any of the characteristically mental attributes that conscious processes do (such as ideation, purpose, volition, etc.) except simply for the consciousness of them. And since, as Jones remarks (*op. cit.*, p. 404), Freud considered the actual nature of mind and matter to be intrinsically quite different, unconscious mental processes in the *literal* sense could not also be physiological processes. Although in themselves wholly unconscious,[5] and ' . . . probably similar in kind to all the other natural processes of which we have obtained knowledge ', they would yet be distinct from and irreducible to any actual physiological or physical process.

Now the present claim is that Freud, by denying the equation between the mental and

[3] Such a statement appears in varying forms in at least ten places in Freud's writings from *The Interpretation of Dreams* onwards; besides the two instances quoted in the text above see also, for example, 9, pp. 612–613; 11, p. 104; and 14, p. 9.

[4] See also Freud (16), p. 106: ' . . . And if, for instance, we say: " At this point an unconscious memory intervened," what this means is: " At this point something occurred of which we are totally unable to form a conception, but which, if it had entered our consciousness, could only have been described in such and such a way." '

[5] In no case did Freud mean that these processes had any split-off consciousness or *sub*consciousness, since, as he remarked (9, p. 615; see also 11, p. 103), such an assumption would retain just that equating of mental with conscious which he so energetically denies.

the conscious,[6] has challenged the basic premise common to all the various traditional body-mind theories and has opened the way for a fresh approach to the whole problem. But it still remains that neither of these two meanings of 'unconscious mental processes' is itself sufficient to offer a resolution of the contradiction between body-mind interaction and the closed circle of physical causation. For, briefly stated, the metaphorical meaning of 'unconscious mental processes' retains the closed circle of physical causation while not providing for the causal effect of mental upon physical events (i.e. the psychological formulation is only provisional and ultimately replaceable by a physiological formulation), whereas with the literal meaning just the reverse is true: it provides for the influence of mind on body but still violates closed physical causation.

Underlying both these meanings, however, is Freud's above-mentioned assumption that the mental, even though by no means identifiable with consciousness, is still intrinsically different from anything physical or physiological. And the reason the assumption seemed obvious to Freud was no doubt that if the mental, 'whatever its nature may be', were *not* different from any physical or physiological processes, but were identical with certain instances of them, the result would be simply a variant of materialism in which characteristically mental attributes would be *reduced* to the motions of material particles. In other words, to use an analogy which Freud himself employed in another context, if the physical sciences could ever be extended far enough to encompass the realm of the mental by making it *identical* with any given physical or physiological processes, it would be like the invasion of a highly civilized country by a barbarian army, which would inevitably reduce the civilization of the country to its own primitive level. And since some forms at least of the mental are in fact not on the 'crude' level of physical or physiological processes, it appears a safe assumption indeed that they could never be shown to be strictly *identical* with any of them.

But suppose that certain differences between nineteenth and twentieth century science were to require a corresponding change in the analogy?: that the civilized country was still invaded, but that the invading army proved much less 'barbarian' than was previously feared, and moreover that it was so readily assimilated to the new way of life it found there that, rather than reducing the civilization of the country to a primitive level, it was instead raised up to it, the level of civilization itself remaining completely unchanged. In that case, analogously, to hold that mental processes might really be identical with certain physical or physiological processes would no longer entail *any* reduction of the mental, but rather a raising of the physical or physiological processes involved, and one of the chief objections to such an identification would no longer apply.

It is one of the purposes of this article to show that there is an important trend in present-day science which supports just such a change in the analogy, and moreover that this trend is in evidence not so much in physics or physiology as in a certain branch of psychology itself. And the importance of this trend for the present considerations is that it supplements Freud's new approach to the body-mind problem in a way which the following pages will attempt to make clear.

The particular branch of psychology alluded to above is that of perception, and in this connexion the following passage from Adrian (1, p. 63) will prove to be quite relevant:

> When a sense organ is stimulated, impulses are sent up to the brain in appropriate numbers and frequency to form some kind of picture of events in the receiving areas of the cerebral cortex. *We suppose that something like this picture can rise into consciousness and help to determine our behaviour.* But the argument has run too fast, for it must be remembered that most of our information about the receiving areas of the brain has come from animals under deep anaesthesia. It is a reasonable assumption that the same kind of picture would be formed in the conscious brain, that the same pathways would be open to the impulses from the sense organs, but we ought not to go farther without some direct evidence.

What is interesting about this passage is not only the empirical issue involved, but Adrian's formulation which I have italicized. For in supposing that 'something like this picture can rise into consciousness', he is distinguishing the picture *per se*, or something like it, from the consciousness of it; since according to this formulation it exists prior to its 'rise into consciousness' (or, as Freud would say, its taking

[6] Freud mentions Theodor Lipps as one of the numerous nineteenth-century thinkers who independently came to challenge this premise (17, p. 382), but it is psychoanalysis which has given to the concept of the unconscious a specific meaning and content based on concrete empirical findings.

on the quality of being conscious), even after this has occurred it would itself be something other than the consciousness of it. But what could this 'something' be? And strictly speaking, what is a picture in the first place? Let us consider this passage of Adrian in the case of our looking at what is ordinarily called a 'picture'—for example, at any ordinary snapshot—and consider with Koffka (28, pp. 74–75) what is on the developed plate:

> . . . A picture? Yes and no; yes, when you include the person who looks at the plate in the situation, but *no* if you consider the plate by itself. On this plate you have a great number of particles which, before the plate was developed and fixed, were sensitive to light and were affected according to the intensity of the light which struck them. The weaker the light, the more easily will they be removed by the developer, so that on the developed plate you have a layer of material of a thickness varying from point to point and depending on the amount of light which fell on each point at the time of exposure. . . . A complete table of these thicknesses would be a complete description of the developed plate. There is *no* picture on it, if we mean by picture more than this complete table. Break off a corner of your plate, rub off a part of the photographic layer, the rest will remain as it was before, each point having its characteristics independently of all the others.

Now Koffka and the other members of the Gestalt school of psychology have shown in great detail just how much more we *do* mean by a picture than this aggregate of related yet intrinsically separate particles on the plate. For a picture is always a concretely unified whole or gestalt, usually containing various subwholes (such as the objects in the snapshot) which are themselves concretely unified and concretely segregated gestalten. We ordinarily speak of a snapshot as a 'picture' whether anyone is looking at it or not, but strictly speaking 'it' is not a picture at all, since 'its' aggregate of particles are among themselves by no means concretely unified as are the parts of the *experienced* snapshot. This concrete unity or wholeness—so necessary for the very existence of a picture *as such*—is a contribution made by the organism in the process of perception, and strictly speaking must not be anthropomorphically attributed to the developed plate, considered by itself, apart from this perceptual process.

The same considerations apply, of course, to the so-called 'image' of the snapshot focused on the retinal surfaces of our eyes, since there is no more concrete unity in the retinal mosaic of stimulated receptor-elements than there is in the original developed plate. And to be consistent we should have to draw the same conclusion about the projection by means of discrete nerve-impulses of the 'picture' upon the receiving area of the cerebral cortex. But then where *does* the picture as such originate which is so clearly experienced when it takes on the quality of consciousness?

A possible answer is that it is the quality of consciousness itself which contributes the concrete unity necessary for the picture *per se*. But such an answer is plainly incorrect, since ordinary perceptual contents, alike in having the quality of being conscious, may possess very different *degrees* of concrete unity, and there are specific objective conditions determining these degrees, such as similarity, proximity, direction, etc.[7]—conditions which have nothing to do with consciousness *per se*. Moreover, brain-injured patients who are not deprived of vision may nevertheless so lack concrete unity in visual experience that, for example, they can see only a small fraction of a straight line at one time, never the entire line as a concrete whole (see Gelb and Goldstein, 18, translated in Ellis, 4). Thus, the quality of consciousness is in itself insufficient to account for the presence of concrete unity in perception,[8] and it must therefore be certain organizing processes in the brain which, by contributing this concrete unity, make a perceived picture to *be* a picture in the genuine unified sense. Gestalt psychology has postulated dynamic self-organizing processes (as opposed to rigid pathways and machine-like processes) in the nervous system to account for the facts of organization in perception, and in this connexion has put forward the hypothesis of *psycho-physical isomorphism*, first suggested in its modern form by Wertheimer in 1912 (41), and formulated by Kohler (29, p. 193) [9] in 1920 as follows:

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[7] See Wertheimer's classical paper on 'Laws of Organization in Perceptual Forms' (42). A condensed English translation of this paper appears in Ellis (4), along with similar translations of many of the main experimental (as well as some of the theoretical) studies published by Gestalt psychologists between 1915 and 1929.

[8] The Gestalt school has amassed a great amount of evidence to show that essentially the same is true of such other 'higher mental processes' as judgement, association, attention, inference on the basis of past experience, and various other forms of so-called 'psychic synthesis'. See Koffka (28), Chap. iii, and Kohler (30), Chaps. iii–vi.

[9] A condensed English translation of this important book appears in Ellis (4), pp. 17–54.

. . . Any actual consciousness is in every case not only blindly coupled to its corresponding psychophysical process, but is akin to it in essential structural properties.

This hypothesis of isomorphism has been one of the fundamental ideas behind the researches of the Gestalt psychologists for over four decades, and since it represents a distinctive attempt to come to grips with the body-mind problem, it should be made perfectly clear just what are the two terms said to be isomorphic. One of the terms is quite clearly the conscious experience itself, but the other has often been taken to be either the outside physical situation to which the experience ' corresponds ', or the stimuli from the physical environment which impinge on our sense-organs. The Gestalt hypothesis of isomorphism refers of course to neither of these, since, although there may be such isomorphic relations in certain cases, in others there plainly are not. To an experienced constellation of stars, for example, there is no corresponding physical entity, and conversely, camouflage shows that there may in a sense be circumscribed objects without any corresponding experienced objects. And in the case of stimuli impinging on our sense-organs, there are innumerable examples to show how little they may correspond to what is eventually experienced, as in the case of perceptual constancy, in which properties of objects such as their shape are experienced as relatively constant despite the wide changes in the shape of their retinal images as we view the objects from different perspectives. Thus, what the Gestalt hypothesis of isomorphism specifically refers to is only the relation between an instance of conscious experience and the particular brain-process which underlies it.

How, then, does this hypothesis of the body-mind relation differ from the classical theory of psychophysical parallelism? The main difference is that in the latter theory the conscious experience and the underlying brain-process are indeed thought to be ' only blindly coupled ', for how could the motions of atoms and molecules in the brain in any way resemble mental contents? Isomorphism, on the other hand, postulates just such specific similarities between the phenomenal experience and the underlying brain-process, and in this way illustrates the above-mentioned trend away from a wholly foreign and ' crude ' view of physical processes in nature, including bodily processes (see Kohler, 31, especially Chaps. v–vii). Apart from this difference, however, isomorphism is still a variant of psychophysical parallelism, since for it there is still an admitted duality between experience and the underlying brain-process, with no possibility of any strictly causal relations between the two without violating the principle of closed physical causation.

But to return to our example of looking at the picture, even if we were to admit the presence of structural similarity or isomorphism between the conscious experience of the picture and the underlying brain-process, it would by no means follow that the latter could form any picture *per se* corresponding as such to the picture that we experience. For there was also some structural similarity or isomorphism between the experience and the *developed plate* without the latter being a picture as such, and the very same reasons why the plate was not a picture would seem to apply equally to the brain-processes underlying the experience: no matter what structural ' macroscopic ' or ' molar ' properties they may possess, if they are all ultimately microscopic molecular processes, as they are generally thought to be, they are all intrinsically separate from each other and not *concretely unified* in the way that characterizes the picture *per se*. It is quite true that they interact dynamically in a way in which the particles on the plate did not, but to the extent that these interactions of the molecular processes consist of separate contact actions transmitted successively over the intervening medium, among the molecular brain-processes themselves there is still no unity in the *concrete* sense which characterizes the picture, and it still remains a mystery just where our picture comes from.

At this point, however, as is clearly indicated in Adrian's chapter ' The Electrical Activity of the Brain ' from which his above-quoted passage was taken (see also Morgan and Stellar, 40, Chap. xxvi, and Lindsley, 38), the neurophysiology of the last thirty years has increasingly indicated that brain-activity cannot any longer be thought of solely in terms of microscopic molecular processes, since there are also *extensive electrical fields* operative in the brain—a fact long since known and emphasized by the Gestalt psychologists (see Kohler, 29, 32, and Koffka, 28). Could it then be such electrical brain-fields which supply our picture by possessing the concrete unity so necessary for it? Initially, of course, there seems no more reason why electrical fields should possess such concrete unity than that microscopic molecular

processes should, but there are detailed reasons for assuming that such unity is indeed a characteristic of all physical fields,[10] and that these other processes lack such unity only to the extent that their own fields are so much weaker and less extensive. For example, the fields surrounding the particles on the developed photographic plate become so negligible at any appreciable distance outward from them that there is no concrete unity among the aggregate of such particles, and thus there is no unified picture on the plate itself. And the same applies to molecular brain-processes the structural aspects of which are isomorphic to the experienced picture. However, since the extensive electrical field generated by such processes can be assumed to possess such concrete unity in proportion to its quantitative intensity, it would then be this field which constitutes the picture *per se*. And if the picture has been formed in the brain as a field, continuity would seem to indicate that it is this very field-picture itself which then takes on the quality of being conscious, and which *is* the picture that we experience (though of course we experience it not *as* a field in the brain but as the actual picture out there in space). Such a literal identity hypothesis would depart considerably from the Gestalt isomorphism hypothesis, which as noted above remains dualistic. Nevertheless, whereas the experienced picture could at best only be isomorphic and never *identical* with such things as structurally-related molecular brain-processes, it seems much more plausible that it could indeed be identical with such things as unified physical fields.

Before proceeding any further, however, just what is the evidence for such extensive electrical fields in the brain? This is of course a question of neurophysiology, but it is a question of psychology as well, since there is a growing trend in modern academic psychology to utilize *field-theories* to explain not only the facts of perception but also those of other psychological functions such as learning and motivation.[11] And it was the Gestalt psychologist Kohler who as early as 1920 (29; see footnote 9 above) advanced the hypothesis of electromotive forces in the brain resulting not from the superimposed fields of neural impulses but from differences in ionic concentrations between adjacent boundary regions in the cortex. In 1924 Berger discovered the existence of rhythmic brain-potentials which were sufficiently strong and extensive to be picked up by electrodes separated from the brain by skull and scalp—a discovery which was universally doubted by physiologists until Adrian repeated Berger's work, and which opened up the entirely new field of electroencephalography. Relevant to the origin of these and other brain-potentials was the suggestion made by Gerard (19) in 1936 that, quite apart from the discrete impulses transmitted in nerve fibres, action in the brain may involve field-potentials pervading the tissue as a continuum. Later, he and Libet (20, 21, 37) working with the frog brain, showed a potential field present in which waves of electrical activity could cross complete anatomical cuts, as well as synapses blocked by drug action, and maintain functional interrelations between the separated brain regions. Then in 1944 Kohler published with Wallach (35) an account of a comprehensive set of experimental investigations on figural after-effects, interpreted in terms of field-currents between functionally interrelated parts of the cortex. And several years later, in a paper read at the 1948 Hixon Symposium (25, which also describes some of the work on figural after-effects), and in an article published with Held (34) entitled 'The Cortical Correlate of Pattern Vision', Kohler presented a startling set of records: electrodes placed on the head in the occipital region were found to pick up changes in electrical potential directly correlated with the slow movement (only a few complete movements per minute) of a line past a visual fixation point, as well as with other types of moving patterns, all of which offers strong confirmation of Kohler's above hypothesis of 1920. In general, to quote from a statement of Gerard (25, p. 237) following Kohler's Hixon Symposium paper:

> The fact that fairly steady and spatially extended semi-uniform potential fields exist in the nervous system normally is now, I think, established beyond equivocation; both in isolation and *in vivo*, both in

[10] See author's doctoral thesis, University of London, on which this paper is based.

[11] For example, Hilgard's recent standard text *Theories of Learning* (24) is divided into two main sections, association theories and field theories. Certain field theories, of course, of which Kurt Lewin's is the outstanding example, employ the field concept not in the literal physical sense in which it is used above, but as a special construct used only in reference to psychological subject-matter. The classical Gestalt usage of 'field', however, is closer to the above physical sense.

the frog and in the mammal. That these potential fields can be altered by the physiological state of the system is also, I think, certain. . . .

And referring to potentials elicited by local irritation of the rabbit cortex, he then states:

These potentials, which are steady or change slowly over minutes, are tremendous things. The ordinary brain wave potentials are under 100 microvolts, even convulsive ones rarely reach a millivolt; but the d-c potentials in these cases run to 30 or even 50 millivolts—a twentieth of a volt! These approach the full magnitude of the membrane potential of nerve or muscle fibres, and they show early the temporal and spatially quasi-constant variety which changes in time and characteristic positions in space. *It is hard to believe that they are not highly important in neural function.* (Italics mine.)

Concerning the relation between potential fields in the brain and conscious experience in general, even these few references just mentioned will indicate that the virtually new science of the electrical activity of the brain has already obtained results which are extremely suggestive. And if such results, as well as much of the research being done to-day in academic psychology (see below), can serve as a factual point of departure for extending what has been said above concerning the picture to the relation of mental and bodily processes in general, we should not hesitate to make such generalizations as long as they are in the form of empirically testable hypotheses, especially since experimental tests of such hypotheses may be closer at hand than they are generally thought to be.

First of all, then, what can be said about the picture (perceptions) can equally be said about all the rest of the constituents of the mental ('. . . ideas, memories, feelings, acts of volition' and so on): they all presuppose some degree of *concrete unity*, since they are all gestalten irreducible to any sum of separate part-elements. Also, like the picture, each has its own particular *structure* which uniquely characterizes it, just as two different experienced snapshots are alike in being concretely unified, but are distinguished by the differences in their structures. These two attributes are both necessary for something to be a mental constituent. And molecular brain-processes probably possess a *structure* similar to that of the experience, but just as they could not themselves form a picture as such, they could not form any other mental constituent, since they *are* molecular processes and thus do not among themselves possess *concrete unity*. Extensive physical fields, on the other hand, such as those surrounding magnets, possess *concrete unity* but not in general the *structure* characteristics of mental constituents. However, the physical fields generated by the molecular brain-processes underlying experience take on the same structure as these processes themselves (for instance, the field which, in our example above, constituted the picture in the brain), and so those particular physical fields—unlike all other brain-processes and all other extensive physical fields—do possess the two attributes necessary for something to be a constituent of the mental.

In the case of the experienced picture we have seen that there are strong reasons against assuming that consciousness is what constitutes it *as* a picture, as well as against the molecular brain-processes doing so, so that the only thing left to do so was the physical field generated by the molecular brain-processes underlying the experience. And as the quotation from Adrian suggested, the picture arose in the brain before taking on the quality of being conscious,[12] during which time it existed as a physical field, so that the simplest assumption is that it continues to be this physical field itself which takes on the quality of being conscious, and which we experience *as* the picture. The same would apply in general to all other contents of experience. But there are innumerable molecular brain-processes which do not at a given time underlie any conscious experience and yet which must possess a structure that was, for example, part of a past experience; memory-traces, whatever these may be physiologically, are instances of such processes. Moreover, there are strong reasons for believing that memory-traces in general are surrounded by fields[13] which take on their structure and of

[12] Cf. Freud (10), p. 27: 'The next and most probable theory which can be formulated at this stage of our knowledge is the following. Unconsciousness is a regular and inevitable phase in the processes constituting our mental activity; every mental act begins as an unconscious one, and it may either remain so or go on developing into consciousness, according as it meets with resistance or not.'

[13] See Kohler (32), pp. 133–34: 'It may be asked whether from this point of view we should also attribute a field to a memory trace. The answer to this question will depend upon the assumptions which we make about the nature of the trace. To a degree, however, our decision in this respect is again prescribed by our previous steps. We interpreted grouping in perception as the outcome of interactions among percept processes; and the only way of understanding such interactions seemed to us given in Faraday's view that a single object, in our case a single percept-process, is surrounded by a field. Now it is perfectly easy to demonstrate that a perceptual group

course possess concrete unity as well. Psychoanalysis has shown the extent to which memory-traces, whether preconscious or unconscious (i.e. inadmissible to consciousness) can produce all their effects without in any way becoming conscious, and undoubtedly the fields generated by such active traces play a considerable part in bringing about these effects. They must do so particularly in acting ' at-a-distance ' on other mental contents and systems (see Hartmann, 22a, especially pp. 41–43), an action which would appear to play a crucial rôle not only in many types of ego-functioning but also in such phenomena as displacement, condensation, regression, transference, and substitute- as well as symptom-formation in general.

The point is, then, that whether or not these fields take on the quality of being conscious, they will truly be unconscious mental processes in the literal sense. As Freud wrote, the withholding of consciousness may perhaps alter them in no other respect, whether they are perceptions, memories, thoughts, wishes, or any other mental constituents. However, instead of having to make with Freud the gratuitous assumption that mental processes which are wholly unconscious are yet something other than any physical or physiological process (what else could they be?), they would be none other than these structured physical fields themselves. For Freud's assumption was based upon the nineteenth-century view of physical and physiological processes as being ultimately crude concatenations of masses in motion,[14] which certainly could not include anything characteristically mental (such as thoughts, memories, etc., whether they are conscious or not). Indeed, *molecular* brain-processes, although probably partly isomorphic in structural properties with contents of experience, could still not be considered as unconscious mental processes in the literal sense, since (with the picture as our paradigm) we have found that concrete unity is also necessary for anything literally mental, and concrete unity is what no molecular processes could possess. But the non-material *fields* generated by such processes possess both attributes, and yet are certainly also physical, so that they are both mental and physical, and thus most clearly represent the change from the ' crude ' view to the modern and very different view of the physical expressed in the analogy above.

This changed and much enriched view of what physical processes—namely, structured brain-fields—may contain, a view brought about as much by psychology as by physics and physiology, thus enables us to follow Freud's statement that mental processes are in themselves unconscious, and simply to specify further what such unconscious mental processes might be. For it is just this change in view which enables us to suggest their ' identification without reduction ' with such structured brain-fields, regardless of whether or not they have taken on the quality of being conscious.[15] This hypothesis of the body-mind relation, which I propose to call the *field-identity theory*, therefore not only avoids having to postulate something in nature which is in itself neither conscious nor physical, but at the same time resolves the contradiction between interaction of bodily and mental processes and the closed circle of physical causation: if mental processes are identical with certain physical field-processes, their interacting with material processes in the brain

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will often be *recognized* not because its members have specific properties, but because the group as such has certain characteristics. In this case the trace of a group reacts to the group-characteristics of a percept; this reaction occurs on the basis of similarity *as to such group-characteristics*. Consequently the trace must have these characteristics in common with a given percept; in other words, the members of the group-*trace* are still in the same relation of interaction as prevailed within the group-*percept* before it became a group-trace. For the sake of consistency we must therefore postulate that the members of group-traces are surrounded by fields. And from this point of view it seems quite likely that a group of interacting traces is characterized by a group-field which may slightly extend beyond this group itself. With this premise there is no reason why the same should not hold for individual traces.' See also the rest of the chapter. For a systematic elaboration of the Gestalt theory of memory and memory-traces, see Koffka (28), Chaps. x and xi.

[14] See Freud (8), p. 369: ' Where do qualities originate? Not in the external world; for out there (according to the views of natural science, to which, in this discussion, psychology too must submit) *there are only masses in motion and nothing else* ' (italics mine). For an account of the way in which mechanistic materialism in physics has gradually come to be replaced by field-theory, see Einstein and Infeld, *The Evolution of Physics*, Simon and Schuster, New York, 1938.

[15] Ernest Jones writes in his paper entitled ' The Early History of Psycho-Analysis ' (27), after mentioning the theories of Schopenhauer, Wilks and von Hartmann: ' In the early part of the twentieth century, however, a fierce opposition arose against the very idea (of an unconscious mind), and both philosophers and psychologists joined in asserting that *anything that was not conscious must be physical*, as Carpenter had maintained in his phrase, " unconscious cerebration ". *That may very well be true, but if so it must be equally true of conscious processes as well, for the fact remains that both are describable only in the same language and cannot be distinguished except in the one respect of consciousness being present or absent* ' (italics mine).

would simply be a special case of any physical field interacting with material processes—for example, the field surrounding a magnet attracting or repelling another magnet. Thus, body-mind interaction would no longer entail in every case some mysterious intrusion from one 'realm' into a wholly different and otherwise self-sufficient one, but, without any reduction of what is mental, would be recognized as an instance of the same kind of interaction that takes place everywhere else in the one homogeneous framework of physical nature.

How does consciousness fit into this theory? Simply, as Freud has shown, as a quality which the various mental constituents may or may not have, and which *as* a quality is itself wholly undifferentiated and adds nothing to such constituents except the bare presence of itself. Returning to our familiar example above, the very picture that we consciously experience is itself something other than the consciousness of it, and if it is a structured physical field it can very well 'help to determine our behaviour' (see quotation from Adrian above) without violating closed physical causation, by interacting with brain-processes which are not in conscious experience. But what could be the explanation of the presence of this quality of being conscious, which seems so mysteriously to 'emerge' out of presumably unconscious physical processes? The present theory simply admits that for *this* problem it is not yet able to offer any satisfactory hypothesis. However, the main point is that once we follow Freud in challenging the assumption common to all the traditional body-mind theories (see above) of equating the mental with the conscious, *this* problem no longer represents any so-called 'body-mind problem', but becomes a relatively peripheral issue, since consciousness is not 'mind' at all but is only an undifferentiated quality of mental constituents which are in themselves something quite different. The explanation of the picture *of which* we are conscious is, as we have seen, entirely different from that of the consciousness of it, and the same would apply to all other constituents of the mental, such as thoughts, memories, wishes, feelings, and so on. The explanation of any of these mental constituents becomes simply an ordinary empirical problem in natural science, not to be confused with the very different side issue of that of consciousness *per se*, which was elevated by traditional philosophy into 'the body-mind problem' simply as a result of the unwarranted equation of the mental with the conscious.

Determination of the *conditions*, of course, under which we become conscious of a mental constituent is also an empirical matter involving factors such as the distribution of attention-cathexis and the dynamics of repression. Concerning such factors, the hypothesis is suggested that a mental constituent's becoming conscious is equivalent to its being enabled by them to come into functional contact with the *perceptual self* (considered as a part of the self as distinguished by Hartmann (22) from the ego); and moreover that our being conscious or unconscious itself is equivalent to the cathexis or decathexis of the perceptual self, a hypothesis which may eventually be put to direct test by neurophysiology or anaesthesiology. What remains as yet unspecified is the intelligible origin of the quality of consciousness itself, but the mental and physical factors determining what takes on this quality are invariably *functional* conditions all belonging to the same physical world of nature, and all equally specifiable by empirical methods. As for consciousness itself, since it is a quality it cannot as such be assumed to possess any causal efficacy.[16] What is causally efficacious in a given case is the mental constituent *of which* we are conscious, and which may have had to fulfil all the functional conditions necessary for taking on the quality consciousness (such as ego-syntonicity) before it could be causally efficacious in just this way. For example, take the case of the therapeutic effect (usually involving somatic changes) of making conscious what was unconscious; much of this effect depends upon a restructuring process involving the synthetic function of the ego and requiring genuine work in the sense of an expenditure of ultimately physical energy. If we are to comply with the principle of closed physical causation (and of the conservation of mass-energy), we cannot consider it to be the quality of consciousness itself which does this work, but rather a process of ego-functioning which can be operative only when the unconscious contents have become sufficiently ego-syntonic to permit their becoming *pre*conscious and eventually taking on the quality of consciousness.

[16] A point which is reflected by the transition in psycho-analytic metapsychology from formulating consciousness as a *system* of the mental apparatus (Freud. 9, 11), to formulating it as a *quality* (Freud, 16, 17).

Thus, whereas this quality 'remains the one light which illuminates our path and leads us through the darkness of mental life' (17, p. 382), it would not be this quality itself which would bring about any of the changes leading to a therapeutic effect, but rather a set of functional processes which, however great in complexity, at least all ultimately belong to one homogeneous realm of causation.

Perhaps the chief objection to this *field-identity theory* of the body-mind relationship is the difficulty of assuming that mental constituents such as thoughts, memories, wishes—yes, even feelings and sensory qualities (as distinct from the consciousness of them)—can in any way be physical. But if this objection is one of *principle*, then it implicitly assumes the 'crude' view expressed in the analogy above that nothing which is physical could also be identical with the constituents of the mental. We have examined some of the reasons—although necessarily only a small proportion of them—for abandoning this view in favour of the one expressed by the changed version of the analogy, and centring on the advent of *field-theories* in all the branches of modern natural science as a supplement to (and perhaps ultimately a complete replacement of) the more materialistic theories characteristic of the nineteenth century. It should be emphasized that this identity (without reduction) of the mental with the physical would in no way affect the necessity for psycho-analysis to use strictly psychological terminology. On the contrary, according to such an identity theory, when the time comes when enough is known about brain-processes to specify them in detail, the neurophysiologist will find himself having to incorporate psychological language into his brain-physiology without any animism or anthropomorphism being involved (see Kohler, 31; Kretch, 36; Hebb, 23, esp. pp. xviii and 4–6), especially since he will be dealing with brain-fields which possess irreducibly mental characteristics. The psychological terminology which it was one of Freud's great achievements to have adopted—representing as it did the slow and difficult process of his emancipation from the formulations of nineteenth-century neurophysiology—may turn out to be much less provisional than he himself believed. According to the ideas put forward above, in any eventual coalescence of psychology and neurophysiology (see Kubie, 36a; Lashley, 36b) there will have to be just as much of an incorporation of psychology into the language of neurophysiology as a replacement of psychological by neurophysiological terms, since in some cases at least, the subject-matter of the two sciences will turn out to be literally one and the same thing.

The present field-identity theory has been stated above only in barest outline, and thus many of the ways in which it could be made meaningful in terms of psycho-analytic metapsychology have had to be omitted. The main example has been that of perceiving a picture, but this was chosen only for its relative simplicity; the theory itself is quite general and in no way involves the neglect of drive and motivational factors so characteristic of psychological research in perception. Potentially, at least, the theory has quite specific relations to concepts dealt with by psycho-analytic metapsychology, particularly those of repression, affect, memory, and psychical energy, as well as those of cathexis and hyper- or attention-cathexis, of the self as distinguished from the ego (Hartmann, 22), and of psychic structure in general. But each case of the relations of the theory to such phenomena represents a specific set of empirical problems, and even though there are some things about these relations which could already be stated with reasonable assurance on the basis of our present knowledge, it is best to proceed cautiously in this direction lest present attempts at specification prove to be premature.

The direct point, however, at which the above theory meets psycho-analytic metapsychology is in the concept of unconscious mind. And in following Freud's rejection of the equation of mental and conscious, the field-identity theory departs completely from all the traditional theories of the body-mind relationship. Specifically, it is not even a special case of the traditional identity theory, since the equation of mental and conscious is just what the latter assumes. Nor is the field-identity theory materialistic in any characteristic sense, since it is in no way reductive, nor can physical fields be said to be 'material'. It is not epiphenomenalistic either, since the mental content itself, as distinguished from the consciousness of it (which may or may not be present), is causally efficacious electrical field-energy. Finally, the theory provides for genuine body-mind interaction, yet departs completely from the traditional dualistic theory of interactionism; the interaction is simply of that which is both mental and bodily (the structured electrical

brain-fields) with that which is only bodily (the neural substrate, leading to behavioural and other bodily processes).

To return to possible objections to this theory, if such objections are not those of principle but concern empirical validation of the theory as stated, then it should be pointed out that another way in which this theory differs from the traditional body-mind theories is precisely in its amenability to empirical test. Specifically, if mental constituents really are structured brain-fields, then the latter should as such be found to be present in the brain provided that they are searched for in appropriate ways, and indeed, as indicated above, research in this direction is already well under way. The facts relevant to testing this theory, however, are by no means restricted to neurophysiology, since they include those of psychology as well, and indeed the issue between *field* versus *mechanical* types of explanation is one of the central issues in experimental psychology to-day, around which a great amount of evidence has already been amassed on both sides (see Hilgard, 24; Hebb, 23). Moreover, the trend over the last thirty years has definitely been in the direction of the field type of theorizing, and the above field-identity theory of the body-mind relation is at least a defensible theory in the light of our present knowledge. And its great advantage is of course that it saves us from wondering just how (or indeed, whether) ' a psychic formation —a thought—can attain the power that enables it to set gross organic quantities in motion . . .' (Ferenczi, 5, p. 100), since this would be merely a special case of ordinary field-matter interaction. The author mentioned by Alexander (see above), and physicians in general, would no longer need to hesitate in ascribing to mental as well as to bodily factors the genuine causal rôle that they play in the etiology of human disease processes, since the mental factors would be completely homogeneous with the bodily ones without for that reason being in any way reduced to something other than themselves. Finally, according to this theory the psychosomatic concept would no longer be a primarily verbal device for affirming the ' unity ' of body and mind in some vague or figurative way, but would signify a specific and literal *identity* of body and mind on the level of the physical field.

BIBLIOGRAPHY

(1) Adrian, E. D. *The Physical Background of Perception.* (Oxford: Clarendon Press, 1947.)

(2) Alexander, F. ' Fundamental Concepts of Psychosomatic Research: Psychogenesis, Conversion, Specificity ', *Psychosom. Med.*, **5**, 1943.

(3) Dunbar, F. *Emotions and Bodily Changes.* (New York: Columbia Univ. Press, 1946.)

(4) Ellis, W. D. *A Sourcebook of Gestalt Psychology.* (New York: Humanities Press, 1950.)

(5) Ferenczi, S. ' The Phenomena of Hysterical Materialization ', *Further Contributions to the Theory and Technique of Psycho-Analysis.* (London: Institute of Psycho-Analysis and Hogarth Press, 1926.)

(6) Freud, S. (1891). *On Aphasia.* (London: Imago, 1953.)

(7) —— (1894). *Gesammelte Schriften, Vol. I.* (Vienna: Internationaler Psychoanalytischer Verlag, 1924.)

(8) —— (1895). ' Project for a Scientific Psychology ', *The Origins of Psycho-Analysis.* (London: Imago, 1954.)

(9) —— (1900). *The Interpretation of Dreams, Standard Edition.* (London: Hogarth, 1953.)

(10) —— (1912). ' A Note on the Unconscious in Psycho-Analysis ', *Collected Papers, Vol. IV.*

(11) —— (1915). ' The Unconscious ', *Collected Papers, Vol. IV.*

(12) —— (1917). ' One of the Difficulties of Psycho-Analysis ', *Collected Papers, Vol. IV.*

(13) —— (1917). *Introductory Lectures on Psycho-Analysis.* (London: Allen & Unwin, 1922.)

(14) —— (1923). *The Ego and the Id.* (London: Hogarth, 1927.)

(15) —— (1925). ' The Resistances to Psycho-Analysis ', *Collected Papers, Vol. V.*

(16) —— (1938). *An Outline of Psycho-Analysis.* (New York, Norton, 1949.)

(17) —— (1938). ' Some Elementary Lessons in Psycho-Analysis ', *Collected Papers, Vol. V.*

(18) Gelb, A. and Goldstein, K. ' Zur Psychologie des optischen Wahrnehmungs- und Erkennungsvorganges ', *Zeitschr. f. d. ges. Neurol. u. Physiol.*, **41**, 1918.

(19) Gerard, R. W. ' Factors Controlling Brain Potentials ', *Cold Spring Harbor Symposia*, **4**, 1936.

(20) —— ' The Interaction of Neurons ', *Ohio J. Sci.*, **41**, 1941.

(21) —— and Libet, B. ' The Control of Normal and " Convulsive " Brain Potentials ', *Amer. J. Psychiat.*, **96**, 1940.

(22) Hartmann, H. ' Comments on the Psychoanalytic Theory of the Ego ', *Psychoanalytic Study of the Child*, **5**, 1950.

(22a) —— ' Technical Implications of Ego Psychology ', *Psa. Quart.*, **20,** 1951.

(23) HEBB, D. O. *The Organization of Behaviour.* (London: Chapman & Hall, 1949.)

(24) HILGARD, E. R. *Theories of Learning.* (New York: Appleton-Century, 1948.)

(25) JEFFRESS, L. A. (ed.). *Cerebral Mechanisms in Behaviour; The Hixon Symposium.* (London: Chapman & Hall, 1951.)

(26) JONES, E. *Sigmund Freud: Life and Work, Vol. I.* (London: Hogarth, 1953.)

(27) —— ' The Early History of Psycho-Analysis ', *J. Mental Sci.*, Jan. 1954, **100,** 418.

(28) KOFFKA, K. *Principles of Gestalt Psychology.* (London: Kegan Paul, 1936.)

(29) KOHLER, W. *Die physischen Gestalten in Ruhe und im stationaren Zustand.* (Braunschweig: Erlangen, 1920.)

(30) —— *Gestalt Psychology.* (New York: Liveright, 1947.)

(31) —— *The Place of Value in a World of Facts.* (London: Routledge and Kegan Paul, 1938.)

(32) —— *Dynamics in Psychology.* (New York: Liveright, 1940.)

(33) —— ' Relational Determination in Perception ', in (25) above.

(34) —— and HELD, R. ' The Cortical Correlate of Pattern Vision ', *Science,* **110,** 1949.

(35) —— and WALLACH, H. ' Figural After-Effects, an Investigation of Visual Processes ', *Proc. Amer. Philos. Soc.*, **88,** 1944.

(36) KRETCH, D. ' Dynamic Systems as Open Neurological Systems ', *Psychol. Rev.*, **57,** 1950.

(36a) KUBIE, L. S. ' Some Implications for Psychoanalysis of Modern Concepts of the Organization of the Brain ', *Psa. Quart.*, **22,** 1953.

(36b) LASHLEY, K. S. ' Coalescence of Neurology and Psychology ', *Proc. Amer. Philos. Soc.*, **88,** 1944.

(37) LIBET, B. and GERARD, R. W. ' Steady Potential Fields and Neurone Activity ', *J. Neurophysiol.*, **4,** 1941.

(38) LINDSLEY, D. B. ' Electroencephalography '. In J. McV. Hunt (ed.), *Personality and the Behavior Disorders,* 2 vols. (New York: Ronald, 1944.)

(39) MCDOUGALL, W. *Body and Mind.* (London: Methuen, 1928.)

(40) MORGAN, C. T. and STELLAR, E. *Physiological Psychology.* (London: McGraw-Hill, 1950.)

(41) WERTHEIMER, M. ' Experimentelle Studien über das Sehen von Bewegung ', *Zts. f. Psych.*, **61,** 1912.

(42) —— ' Untersuchungen zur Lehre von der Gestalt ', II, *Psych. Forsch.*, **4,** 1923.

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PSYCHOSIS AND PSYCHOSOMATIC ILLNESS[1]

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Part I

Of the many problems confronting the researcher in psychosomatic medicine I have chosen to follow on a genetic basis the development and inter-relationship of psychosis and psychosomatic illness. I shall concern myself mainly with two questions which appear to me of paramount importance, namely: (1) What are the dynamic factors which account for the phenomenon of one individual's developing a psychosomatic illness (that is, a psychiatric disorder with predominantly somatic manifestations), in a certain life situation to which another individual may react with a psychotic break? (2) What are the factors responsible for the phenomenon of alternating states of somatic and psychotic reactions in the same individual?

It is my intention to demonstrate that the psychosomatic pattern of response is the result of a specific outcome of the basic instinctual conflict between the (child's) destructive and libidinal impulses. The nuclear pathogenic conflicts in neurosis have been found to relate mainly to the oedipal phase of the child's development. In the psycho-analytic treatment of patients with various psychosomatic disorders I have found that the pathogenic conflicts providing the basis for the somatic reactions of these patients dated back to an earlier childhood period, namely, to the pre-oedipal or pre-genital phases of their development. The basic instinctual conflict between the child's destructive and libidinal impulses during these phases is reflected in his primary relationships with people leading to specific ambivalent object relationships.

The psychosomatic patient denies the perception of impulses, or the awareness of wishes that are 'bad' or 'dangerous'. In the neurotic compromises forbidden oedipal impulses are repressed and manifested in a disguised form, namely, the symptom dealing with the return of the repressed. The forbidden wish can be fulfilled in the symptom and atoned for at the same time. In the psychosomatic symptom there is no return of the denied impulses into the conscious in any form, and the patient has no awareness of the threatening impulse or painful emotion. It is in the course of psycho-analysis that he is confronted in amazed incredulity with the existence of such impulses, feelings, wishes (in their physical form)—the psychosomatic disorder. As one patient with chronic ileitis said of himself on discovering the meaning of the lump in his throat and the pain in his 'guts', 'It makes me a martyr and not a maniac.'

The psycho-analytic treatment of children suffering from psychosomatic ailments, and especially the method of concomitant treatment of such children and their mothers, gave me an opportunity to observe the nature and the genesis of these conflicts, and their dynamic effects, often from the very onset of illness. I have found that the development of the psychosomatic pattern of response was rooted in a specific mother-child relationship which determined this specific outcome of the struggle between the two primary instincts. The outstanding feature of this relationship on the part of the mother is her need to keep the child in a lifelong dependence for the gratification of vitally important bodily and emotional needs.

In the psychosomatic relationship the mother rewards in actuality the dependence of the child, and although she may complain overtly about the burdens imposed upon her by the illness of the child, she can give love and care only to the sick child. The child's dependence on the mother, cemented by the illness, creates a sort of magical relationship (a mutual magical life insurance) between them, with reassurance to the child that he will not suffer a loss of his mother as long as he remains dependent upon her. When the child complies with these unconscious needs of his mother, namely to be sick, and thus remain the helpless infant, the unconscious gratification in the mother leads her to a guilty preoccupation with the child's care. She may

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consciously resent the child's illness and give the impression of rejecting the child.

This can assume grotesque proportions, as in the case of a four-year-old child suffering from abdominal cramps and diarrhoea, whom the mother kept on a liquid formula, specially prepared by her, and fed personally to the child. Another case of exaggerated ministrations on the part of a mother is that of one who ' complained ' that she was wearing herself out preparing three different diets for her husband, who suffered from peptic ulcers, and her two children. one of whom had allergies and the other mucous colitis. This mother was bordering on a severe depression when she lost her three dependents to health, because through that arrangement she had managed to counteract her own unresolved dependence, and to maintain the phantasy of omnipotence.

Another mother whose child had ulcerative colitis was at her post 'like a soldier' whenever the child was very sick, but would become depressed and anxious during the child's remissions. She had been able to rationalize to herself and others that this behaviour was justified, maintaining that she could not relax her vigilance since she knew from experience that she could expect another recurrence of the ulcerative colitis at any moment. In the course of her treatment she recognized that this behaviour had cloaked her unconscious need for the child to be sick.

In this connection a factor important for the technique of treatment of psychosomatic ailments both in children and in adults becomes evident. This factor is the unconscious unwillingness of the mother in the case of a child, or of the mother or her substitute in the case of an adult, to sever this relationship with the child or with the partner representing the child. If this unconscious attitude of the mother is not taken into consideration, treatment will not be successful, because the mother's resistance may lead to withdrawal of the child from treatment, or to aggravations of the child's condition during treatment. A severe reaction, even a psychosis, may be observed in the mother when the child resolves this relationship with the mother before the mother has been helped to give up the child and to find other and more appropriate outlets for her needs. Such incidents have been observed especially in cases of children with morbid skin conditions where the symbiotic relationship between mother and child seems to be particularly close.

It is seen in some cases that the mother is in reality pleased to perpetuate the child's physical helplessness, since many needs can be satisfied in the unity established between the mother and a sick child. It can compensate for a bankrupt marriage or a sense of personal inadequacy. It is as though the mother were comforting herself by thinking: 'If I have nothing else, at least I mean something to a child who depends on me for its life.'

Bodily illness as a form of helplessness is socially acceptable, and a premium is put upon the care given to a sick child. The psychosomatic illness of the child provides the mother with a setting for acting out more deeply repressed unconscious impulses, often of a polymorphous-perverse nature. These repressed pre-genital (sexual) drives of the mother find gratification in the physical ministrations to the child. In this way the mother can avoid awareness of such urges within herself but can be preoccupied with them outside herself (in the child), and satisfy them through the child.

At present the commonly accepted viewpoint regarding the mother-child relationship in the case of psychosomatic illness puts the emphasis upon the mother's rejection of the sick child. I wish to make a statement which could be arrived at only through the psycho-analytic study of the mothers of psychosomatically ill children. I have found that the mother in the case of a psychosomatic illness of the child *rejects* the child only when he is *healthy* and evidences strivings towards independence, but encourages his illness and rewards him when he is sick.

I see in this fact the fundamental difference in the mother-child relationship between the psychosomatic pattern and some psychotic patterns of response. In the cases of psychotic development which I have studied, I have found that there is *outright rejection* of the child by the mother. In the psycho-analysis of mothers of children who had psychotic reactions, I found that these mothers frequently had fears concerning the mental health of the child even before its birth. In several cases I found that the mother had unconsciously identified this child with some psychotic member of her own or of her husband's family, and that she had approached the child since his birth as if he were not ' normal ', watching continually for signs of his insanity. Children can be amazingly obliging to the unconscious needs of their mothers, especially if they are conditioned to them so early in life. These mothers rationalized their attitudes with the child's behaviour which became manifest

only later. In such a relationship the child has nothing to gain by being sick somatically; it does not pay to repress destructive and sexual pre-genital impulses.

In the psychosomatic relationship the child cannot resist the mother's unconscious bid for the continuation of a relationship which promises gratification of his infantile needs as long as he remains attached in this way to the mother. In this relationship it pays for the child not to expose the mother by overt behaviour. The gratification of such mutual needs in an overt form is possible only in perversion or psychosis. The child conditioned to derive such gratification from this relationship will insist upon the mother's attending to these needs. To become sick, therefore, means to establish or re-establish the conditions for immediate gratification of such needs, while at the same time the destructive impulses find immediate release through bodily symptoms without coming to conscious awareness.

Whenever a person so conditioned perceives a threat to this relationship with the mother, or the unconscious representative of the mother (which can be father, husband, wife, child, etc.), he will react with the psychosomatic response. Losing the mother does not have to be actual (physical) loss or separation, but implies losing mother's love, or even incurring her disapproval. The onset, recurrence, or exacerbation of the psychosomatic illness occurs in such a precipitating life situation, e.g. start of school, birth of a sibling, in adolescence, start of career, marriage, divorce, childbirth, infidelity, etc.

Through the illness this relationship is not only maintained, but over-emphasized in reality. An important gain in psychosomatic illness is the appeasement of the severe superego of such a patient through the bodily suffering. By releasing destructive impulses in the symptoms, he saves himself from feelings of guilt and anxiety. Both the libidinal and destructive impulses of such a patient belong to the pre-genital phases and are characterized by their urgency, which the child and likewise the psychosomatic patient are unwilling to tolerate.

Some of these considerations can be illustrated, perhaps, by episodes taken from the psycho-analytic treatment of a girl patient who in the course of her analysis changed from one psychosomatic syndrome to another at one time, and had a psychotic episode at another time when her psychosomatic symptoms had disappeared. In addition, her mother had an episode of depression during one phase of the child's treatment.

This patient had developed ulcerative colitis at the age of seven and a half. After a year of analysis, when the dynamics of the ulcerative colitis had been analysed and she no longer could 'produce' attacks of ulcerative colitis, she developed ulcers of the leg.[2] For a short period preceding the onset of the leg ulcer, this child displayed for the first time marked overt anxiety, and suffered from severe insomnia. She clung in panic to her mother during one session, as if she feared that her mother might be pulled away by some invisible force. These reactions and her entire behaviour had the qualities of an incipient psychosis. What happened? Why did she not develop a psychosis then, but instead developed ulcers of the leg?

Part II

Before attempting to answer these questions on the basis of psycho-analytic experience, it might be interesting to turn our attention for a moment to the experiences of non-psychoanalytic research in this particular area. What is known of the interrelated dynamics of psychosomatic illness and psychosis and of the circumstances under which psychotic episodes have occurred during the treatment of psychosomatic disorders? Recently psychotic incidents occurring during treatment with cortisone and ACTH have attracted psychiatric attention. A survey of the literature indicates that the abrupt removal of the somatic symptoms is assumed to be the causal factor. Observations of psychosomatic illness in psychotic patients reveal a lower incidence in the psychotic as compared with the non-psychotic population. A group of investigators found that in one group of their material the psychosomatic disorder disappeared with the onset of the psychosis. They expressed the belief that to a certain extent an 'either' (psychosomatic) 'or' (psychotic) mechanism may prevail.

Of interest is Kerman's report of two patients with asthma in whom the asthma preceded the psychosis (manic-depressive) and returned after the psychosis was relieved by shock treatment. Other observations where the disappearance of the psychosomatic condition was followed by psychosis seem to support this belief. In all these

[2] For the detailed history and the psychodynamics of this case the reader is referred to 'Psychoanalytic Study of Ulcerative Colitis in Children' and 'Analysis of a Case of Recurrent Ulcer of the Leg'.

instances, however, the factors which operated in the change of the psychosomatic condition into a psychotic one remained obscure. It is difficult to understand also why such a reaction should occur only in some patients and not in others, when the circumstances appear to be similar in each case. Another important question comes up. Why do some patients change their psychosomatic pattern of response to that of psychosis in a situation in which other patients, e.g. my patient, change the psychosomatic syndrome (ulcerative colitis to ulcers of the leg) but not the psychosomatic pattern of response?

Psychotic incidents occurring during treatment with cortisone and ACTH may not have a full bearing upon this study because of the specific pharmacological effects of these hormones on moods; nevertheless, the fact that only some individuals react to these hormones in this particular way should direct our attention to the psychological history of the (premorbid) personality of these individuals, and make us look for possible psychological factors not apparent without thorough psychological investigation.

On the basis of my concepts regarding the dynamic significance of the mother-child relationship in the genesis and maintenance of these two specific pathological patterns of response, namely the psychosomatic response on the one hand and the psychotic on the other, it would seem possible to define the factors which operate in the transformation of a psychosomatic condition into a psychotic one. I propose that this specific change must have occurred in the relationship with the mother (or her substitute), with all its consequences. I consider this specific relationship with the mother as the dynamic primary factor in each of these two patterns of response. This change in the quality of relationship with the mother or her substitute determines the patient's modes of dealing with his instinctual demands (internal reality) and with the outer reality. This change in object relationship may occur in response to an actual change of the mother's (or mother substitute's) feelings towards the patient or as a result of the patient's interpretation of experiences with this important person which produce this change of feeling in him.

Once this psychosomatic relationship is discontinued it will depend upon the patient's willingness and ability to find a replacement for the lost or given-up object (mother) with whom to resume a similar relationship in order to avoid a psychotic response. If, however, the disappointment in the mother (or her substitute) was so severe that the patient is unwilling to accept another object, then he will withdraw his libidinal cathexis from the real objects and their representations, a step which ushers in the psychotic break with reality. The character and degree of psychosis which a patient will develop in such a situation depends upon a variety of factors, among which the nature and intensity of the destructive impulses are of paramount importance. The withdrawal of the libido from the real object constitutes in my opinion an attempt on the part of the patient to deal with these destructive impulses, and I would refer to it as the ' psychotic defence ', in contrast to the ' psychosomatic defence ' which uses repression as its main mechanism in dealing with the destructive impulses. The withdrawn object libido serves to mitigate the destructive impulses, a process which is essential for the preservation of the external objects and of the self. Failure to achieve this most important aim may result in violence against the external objects, but more often against the self, and lead to suicidal attempts, or actual suicide. The link between this overt self-destruction and the ' psychosomatic suicide ' is obvious. The psychosomatic suicide occurs in a situation of intense frustration. Frustration leads to an acute increase in the destructive impulses, which have to be repressed abruptly as long as the psychosomatic relationship prevails.

The most desirable outcome of this instinctual conflict would be for the patient to renounce the psychosomatic object relationship and to accept instead a more mature one. Such an outcome is possible only as a result of psycho-analytic treatment which enables the patient to deal more adequately with his psychic and his external reality, through the relationship with the analyst, and to resolve successfully, that is on a conscious level, the struggle between the destructive and the libidinal impulses. In the course of the analysis the patient is helped to experience and consciously to tolerate gradually feelings of anxiety and of guilt. The experience of such feelings of depression in the course of the analysis is indispensable, and relates not only to the awareness of the destructive impulses, but also to the pain of having to relinquish the primary love object—mother—to whom such patients remain fixated on the earliest (oral and anal) levels.

This may be illustrated by an episode from the

analysis of a patient, a middle-aged man with chronic ulcerative colitis. In the course of the analysis he had gradually come to understand the meaning of his somatic symptoms in relation to his wife, whom he unconsciously looked on as a mother. He had always been a ' good boy ' who had had bowel trouble since early youth. In this particular psycho-analytic session he reported an incident which had occurred the day before. He had been a little late for dinner and thought that his wife had looked disapprovingly at him. He wasn't sure whether he had apologized enough to her. He worried about it and felt anxious and guilty. He had visions of his wife leaving him. Lately he had been aware of such feelings whenever she left the house. Prior to and earlier in the analysis he used to have cramps and diarrhoea on such occasions, which he had not related to such events, but to all kinds of transgressions, mainly dietary. In this way he had not only protected himself from experiencing painful emotions, but had also managed by getting sick to prevent his wife from leaving him, and thus keeping her.

Let us return now, with this view in mind, to the patient with the ulcers of the leg and the questions we have raised there. The change of the syndrome of ulcerative colitis to ulcers of the leg occurred at the time when the mechanisms of ulcerative colitis had been devaluated through psycho-analytic interpretation, but when the specific relationship between the patient and her mother, underlying the psychosomatic reactions, had not been sufficiently resolved by both partners. Neither mother nor child were ready yet to relinquish this relationship, which under the guise of illness had made possible the gratification of their mutual pre-genital needs.

In this case particularly strong coprophilic and homosexual impulses were being gratified. During one phase the mother and child hallucinated a faecal smell from the ulcers, even when the dressing was changed in my presence, and I could detect neither a smell nor a change in the appearance of the excretions. By scratching and irritating these ulcerations my patient prevented them from healing. Aside from the symbolic meanings of the ulcerations, the mere handling of them had served to gratify unconscious homosexual needs in both the mother and the child. When the ulcers of the leg had healed, but when the part which the unconscious homosexuality played in this symptom had not yet been fully recognized and resolved, the child, who was twelve at the time, developed an acute paranoid episode. She had the idea that I wanted to poison her (when I offered her a piece of cake), that I was not the real Doctor S., that the real Doctor S. was kept locked up in a room by her mother, and that I was really a man. In defence against her homosexuality, at that time, she displayed exaggerated heterosexual interests, and was preoccupied with fantasies of sexual attacks by men.

Certain behaviour of the patient which preceded the psychotic episode may be of interest. At one time she confessed to the analyst that she had been secretly licking the excretions of her ulcer, and on some occasions had managed to get her dog to do likewise. She had one episode of frank soiling after the interpretation that the secreting ulcer was an unconscious form of soiling for her during that phase. She could understand in the analysis that this behaviour was intended to prove to herself and to the analyst that she was not able to tolerate her impulses consciously without acting them out immediately in reality.

We have to keep in mind that we are dealing here with patients whose anxieties relate to the earliest phases of development, when disappearance of the mother equals losing her through omnipotent destruction by oral and anal sadistic means. The only way for the child to check these powers is to deny their existence, that is, to repress such impulses. Yet the analysis of such a patient has to lead back to these early anxiety situations and to expose, as it were, the psychotic layers of his personality. In this sense any severe disorder which has its origins in earliest childhood would have to be dealt with in the same way. The occurrence of a ' psychotic transference ' in the course of the analysis of such patients is nothing unusual. The rôle of the ego, its relative strength or weakness, and the factors responsible for it cannot be discussed here. Yet I cannot refrain from stating that in my experience the relationship of the patient with his analyst is the most potent and reliable factor in the reconstruction or even in the construction of the patient's ego.

The resistance of the psychosomatic patient comes out in different ways during different phases of the analysis. At this advanced phase of the analysis the resistance may come out in the form of an acting-out of impulses such as occurs in the treatment of patients with character-neurosis, especially those referred to as ' impulsive character '.

While my patient had not as yet been able to

tolerate consciously the awareness of her destructive impulses, particularly because they endangered the lives of her mother and herself, there had occurred already some modification of these impulses during the analysis. Her ulcerative colitis had been of a very severe nature, and major surgery, contemplated during one of her hospitalizations, was prevented with difficulty. The analysis of the phase of the ulcers of the leg revealed the predominance of oral and anal-*erotic* (libidinal) with an admixture of phallic impulses, while in the ulcerative colitis intense oral and anal-*sadistic* (destructive) impulses had predominated. That is to say that there had already occurred a better fusion between the destructive and the libidinal impulses. The dynamics of the ulcer of the leg and the entire behaviour of the patient now came closer to a conversion hysteria.

It was found that an important factor motivating her behaviour at that time was the change of her mother's attitude towards her. This factor seemed to play an essential part in the production of her psychotic behaviour. Her mother, who had been supporting the analytic endeavours all along, seemed at this crucial point, when the psychosomatic relationship between them was obviously coming to an end, less prepared to do without it than was my patient. I had underestimated the strength of the unconscious homosexual needs of the mother, which had found distorted gratification in this relationship with her child. The mother had discontinued her ministrations to the child upon suggestions of the analyst. The punitive character, however, in which this was done by the mother was brought out later in connection with other behaviour of the mother, which helped me to understand my patient's reactions.

The mother had suddenly developed great interest in one of her nieces, a girl slightly older than my patient, with whom she now spent much of her time. When she was with her niece my patient was not allowed to disturb them or to interrupt their lengthy daily telephone conversations. When my patient one day asked to sleep over at her grandmother's—a step which denoted an attempt to get away from her mother—the mother made difficulties, but finally acceded. Later the mother revealed to me that seeing my patient in bed with the grandmother had upset her greatly. She had seen red before her eyes. She said: ' To think that my child should want to be so close to anyone else but her mother.' It was inconceivable to her. My patient indicated through her behaviour that she perceived her mother's wish for homosexual submission, in this disguised form, yet at this point she did not respond to it with a recurrence of the ulcer of the leg, as she had done previously.

Her unconscious homosexual conflict prompted her to project homosexual wishes on to the analyst and to interpret the analyst's behaviour as homosexual seduction. When she spoke to me of her paranoid ideas later, it was already with judgement that these were ' crazy ' ideas. (This was several weeks later, when her feelings were already changing.) She told me of her idea of the poisoned cake four weeks after the incident had occurred, when she explained to me why she had not accepted the cake from me then. At the time she had appeared very anxious and disturbed, but tried to conceal it from me.

Throughout her treatment her basic relationship with the analyst was one of trust. It could be maintained even during these difficult phases, when her earliest wishes and hostilities relating to her mother appeared in the paranoid elaborations in the transference. This factor, in my opinion, accounts for the difference between psychotic incidents of such patients occurring during psycho-analysis and those occurring during any other form of treatment (or spontaneously). At no time during the analysis did she lose the relationship with the analyst, and therefore she did not develop a true psychosis, but only a ' transference psychosis '.

This psychotic incident of my patient would seem to support the belief held by some workers in the field that psychotic episodes in the course of psycho-analytic treatment of some psychosomatic disorders are a regular occurrence. This has not been my experience. I have since treated several cases of ulcerative colitis and of bronchial asthma, whose psychological reports revealed marked psychotic trends (schizoid-paranoid-depressive) and contraindications to psycho-analysis, without any incident of manifest psychosis. I have had the experience in one case of ulcerative colitis that psycho-analytic treatment protected the patient against a psychotic break which under his circumstances seemed otherwise unavoidable.[3]

I want to put particular emphasis on this point, because with the steady advance of psychosomatic medicine, more and more diseases are

[3] This case will be reported in detail in ' Psycho-analytic Treatment of Ulcerative Colitis versus other forms of Psychotherapy '.

recognized as psychosomatic disorders; and with this, an increasing demand is made upon the medical profession for the treatment of such disorders. Although psycho-analytic viewpoints regarding the nature of psychosomatic illness seem to be generally accepted, psychiatrists are reluctant to use a truly dynamic approach in the actual treatment of such cases. It would seem to me that, aside from the difficulty of acquiring the technical skills necessary for the application of such treatment, a major factor responsible for the reluctance to use psycho-analytic therapy in the treatment of such cases revolves around this phenomenon, namely, the appearance of psychotic episodes following the disappearance of the psychosomatic symptoms in such treatment.

In this connection it seems of interest to me to describe the circumstances which led the mother to react with a brief though severe depression during her child's treatment. At the time when this occurred my patient was thirteen and a half years old and I was seeing her only occasionally, to keep an eye on her as it were, while I had discontinued work with the mother for over a year. The family had moved to a different neighbourhood. The mother, who upon my suggestion had been working during that year and deriving much satisfaction from her work, had been forced by her husband to discontinue working. The marital situation had become manifestly more difficult, and my patient's mother thought she would like to leave her husband. She had always used her daughter's illness as an excuse for staying married. Now that she no longer had this excuse, nor the relationship with her ' sick ' daughter which had compensated her for her sexual and personal frustrations, it was painful for her to realize that she was dependent on her husband. It was during this time that my patient developed a strange symptom. She complained of a pain in her leg so severe that she couldn't walk. Since her school was several blocks distant, she had to stay home. She managed to get around the house by crawling. In discussing this behaviour with me she revealed that she was worried about her mother, who was very moody. No telephone had as yet been installed in their new home, a fact which had disproportionately worried my patient when she realized that she feared leaving her mother alone in the house without the possibility of being reached quickly. When I saw the mother she was suffering from a marked depression, yet had not been aware herself of having the suicidal impulses which my patient had unmistakably sensed. Through her peculiar behaviour she had managed to make herself her mother's bodyguard or ' life saver ', this time without resorting to manifestly somatic, or manifestly neurotic symptoms. She did not have a recurrence of the ulcers of the leg, nor did she develop a phobia. At this point she had resolved her (unconscious) conflict whether to leave her mother, which in her unconscious had equalled losing her mother by destroying her, or to cling to her in the illness which meant to preserve her mother by being a dependent and helpless infant. In fact her present behaviour indicated that she had resolved her ambivalent relationship with her mother sufficiently for her not to need to develop a phobia in this situation as the psychological equivalent of the psychosomatic magical union with her mother. There was a valid rational motive involved in her behaviour, namely, that her mother should not be left alone in the house in her condition. In her strange behaviour she carried out the motive of guarding her mother's life by literally preventing herself from ' walking away from her mother '. The meaning and purpose of her behaviour (the pain in the leg) had not been apparent to either my patient or her mother.

The analysis of the paranoid phase of this patient revealed that her paranoid ideas were rooted in unconscious fantasies of a poisonous breast and penis. On the anal level this was expressed in the coprophilic impulses. During a later phase of the analysis she was preoccupied with fantasies of fellatio and cunnilingus. She was extremely sensitive during this time to her brother's thumbsucking, to which she reacted with disproportionate rage.

As a postscript to this case it may be of interest to learn that my patient as an adolescent girl would tell me that she had subtly to push her mother off on many occasions when her mother would want to come into bed with her (as she had done in the past during the patient's illness) and playfully stroke and tickle her body.

Summary

I have used the case of the leg ulcers in an attempt to demonstrate that the early established psychosomatic relationship with the mother was the mainspring for this patient's illnesses, somatic and mental. As a result of this relationship a special mechanism in dealing with the destructive impulses had been adopted by the patient early in life. This mechanism was referred to in the paper as repression of destruc-

tive impulses, yet it would seem to be more closely related to the mechanism of denial. In denial it would seem that the denied impulses are split off from and barred access to the ego. This means that they cannot undergo the modifications which the derivatives of the repressed impulses undergo in neurotic symptom formations. It would seem that only in this way can the ego of such a patient develop and maintain itself in what would appear to be a reality-adjusted manner (non-psychotic).

It was possible through the analysis of the personality underlying the various psychosomatic (ulcerative colitis, ulcers of the leg) and psychological (neurotic, perverse, psychotic) manifestations, to gain an understanding of the dynamics of these manifestations and to resolve them in the course of treatment. (Five years of psycho-analytic treatment and five years of close follow-up.) In the psycho-analytic treatment of this case it was necessary to free the libido from its fixations to the original object (mother) and from its original aims (oral-anal, infantile-sexual gratifications from the mother) and to move it forward to the genital phase, the position of the libido which is a pre-condition for mature functioning. At the same time it was necessary to help the patient gradually to accept and to tolerate her denied impulses consciously. In order to achieve this it was necessary to modify and eventually to resolve the psychosomatic relationship. In the course of this procedure a better fusion of the freed libidinal and destructive impulses could take place, a situation which is important for the sublimation of such impulses. Psycho-analysis initiates, promotes, and brings to a conclusion these complex psychodynamic processes which eventually result, as they have done in this case, in a better solution of the struggle between the destructive and the libidinal impulses, and lead to the establishment of stable, that is, less dependent and less ambivalent object relationships. I do not know of any other treatment which could achieve this.

It is hoped that a better understanding of the genesis and the interrelation of psychosis and psychosomatic illness will relieve anxiety in those who treat these cases and make available the full benefits of psycho-analytic therapy to a greater number of psychosomatic patients.

BIBLIOGRAPHY

BRODY, S. 'Psychiatric Observations in Patients Treated with Cortisone and ACTH', *Psychosom. Med.*, 1952, **14,** 94–103.

FREUD, S. 'Three Contributions to the Theory of Sex', *Basic Writings of S. Freud.* (Modern Library, 1938.)

—— *Inhibitions, Symptoms and Anxiety.* (Hogarth, 1936.)

—— *An Outline of Psycho-Analysis.* (Hogarth, 1940.)

JOSEPH, E. D., PECK, S. M., and KAUFMAN, M. R. 'A Psychological Study of Neurodermatitis with a Case Report', *J. Mt. Sinai Hosp.*, 1949, **15,** 360.

KERMAN, E. F. 'Bronchial Asthma and Affective Psychoses: Two Cases Treated with Electric Shock', *Psychosom. Med.*, 1946, **8,** 53.

LIDZ, T., CARTER, M.D., LEWIS, B. I., and SURRATT, C. 'Effects of ACTH and Cortisone on Mood and Mentation', *Psychosom. Med.*, 1952, **14.**

SPERLING, M. 'Psychoanalytic Study of Ulcerative Colitis in Children', *Psychoanal. Quart.*, 1946, **15,** 302–29.

—— 'Diarrhea: A Specific Somatic Equivalent of an Unconscious Emotional Conflict', *Psychosom. Med.*, 1948, **10.**

—— 'The Role of the Mother in Psychosomatic Disorders in Children', *Psychosom. Med.*, 1949, **11,** 377–85.

—— 'Reactive Psychosis in Children.' Symposium on childhood schizophrenia, annual meeting of A.O.P.A. in Cleveland, 26 February, 1953.

—— 'Mucous Colitis Associated with Phobias', *Psychoanal. Quart.*, 1950, **19,** 318–26.

—— 'Indirect Treatment of Psychoneurotic and Psychosomatic Disorders in Children', *Quart. Journal of Child Behavior*, 1950, **7,** 250–66.

—— 'Psychogenic Diarrhea and Phobia in a Six and a Half Year Old Girl: A Case Study', *Am. Journal of Orthopsychiatry*, 1952, **22.**

—— 'Treatment and Psychodynamics of Petit Mal in Children', *Int. J. Psycho-Anal.*, 1953, **34.**

—— 'A Psychoanalytic Study of Migraine and Psychogenic Headache', *Psychoanal. Review*, 1952, **39.**

—— 'Analysis of a Case of Recurrent Ulcer of the Leg', *Psychoanal. Study of the Child*, 1949, Vol. III-IV, 391–408.

—— 'Mucous Colitis Associated with Phobias', *Psychoanal. Quart.*, 1950, **19,** 318–26.

SWANTON, C. 'Asthma and Other Psycho-Physical Interrelations', *Medical Journal of Australia.*

SWARTZ, J., and SEMRAD, E. V. 'Psychosomatic Disorders in Psychoses', *Psychosom. Medicine*, 1951, **13,** 314–21.

WOODHEAD, B. 'The Psychological Aspect of Allergic Skin Reactions in Childhood', *Archives of Disease in Childhood*, 1946, **21,** 98–104.

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NOTES ON MENSTRUATION [1]

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In this paper I shall describe some changes in a patient which occurred over three consecutive sexual cycles in the course of her analysis. I shall concentrate mainly on the description of what happened in the analysis during her menstrual periods, though some analytical material elicited between periods will also be given.

My patient was a pleasant woman of 26, a free-lance painter. Both parents and an elder sister were alive, and she was living with them at the time of the analysis. She was unmarried, and the wish to get married was one reason for seeking treatment; other reasons were that she was ill at ease socially, was sexually inhibited, and suffered recurrent periods of depression.

During the war she had her first and only love-affair with a young man to whom she became engaged. He was reported missing in 1943. When she began treatment with me, six years later, she still regarded her fiancé as missing, and not dead. She idealized him and considered that her romance and indeed her whole relationship with him was perfect. He was often recalled as a dashing young man, riding recklessly on his motor-cycle, invulnerable to danger. She also idealized her mother; but her father was considered as utterly bad, contemptible, and violent. This sharp and rigid emotional pattern persisted during the first eight months of analysis. She idealized me and criticized my technique. If she felt critical, I as a person was not to blame: my technique (' cold ', frustrating) was held responsible.

Another significant feature in the foreground of her transference relationship was that she saw me without a real body. She used to see me as a ghost-like figure, and on occasions she felt that only my voice was real. I was supposed to lead a half-existence, confined within the four walls of the consulting-room. The patient herself was aware that by perceiving me thus she was equating me with her fiancé. The reason she gave to account for her attitude was that she had to protect me from the dangers of the external world by keeping me isolated. She responded with great anxiety when I indicated the strong controlling element that was concealed behind her protective urges. But she also began to produce new associations connected with her fear of her fiancé as a dangerous, sexual object. Concurrently, a similar dread appeared in the transference situation when she had the thought that I might assault her sexually if I happened to see her in the street, outside the ' four walls of the consulting-room '.

The First Menstrual Period

Following the expression of these sexual impulses she brought herself to speak, for the first time, of her menstruation. Her way of introducing the topic was in itself significant. She started one session complaining of what she called her ' washing mania '; by which she meant that at times she felt compelled to do all her accumulated washing at one time. This task was carried out in an obsessional way, for she was unable to stop until she had finished. The previous evening, she told me, her father had invited her to join him and some guests, and she had refused because she was washing.

Her ' washing mania ' reminded the patient of her first menstruation, and she revealed the fear, shame, and agonizing pain then experienced. Concurrently, and for the first time in her analysis, she openly criticized her mother for the little understanding and help received from her at that time. Then she said that she was menstruating that day, and added that her menstrual pain could be acute enough to bring her to the point of fainting. Finally, when her refusal to join her father was queried, the patient said that when menstruating she felt repelled by men.

A very depressive mood characterized the next two sessions. The pattern of each was significant. In the first the general theme was

[1] I have been greatly helped in the analysis of this case by Mrs. Klein's supervision, and I am glad to take this opportunity of expressing my gratitude.

Read before the British Psycho-Analytical Society on 17 October, 1951.

her belief that she could keep nothing inside herself. In the second, a contrary complaint was the main theme: she was in despair because everything and everyone was, as she put it, ' invading her '. On the first day, everything *fell away* from her; she could not think or concentrate, her head was empty, like a ' vacuum '. All knowledge received at the Art School or elsewhere seemed to have been lost. In the mood that characterized the second session she felt, as an artist, at the mercy of countless influences which brought a feeling of complete chaos regarding aesthetic values, and the very unpleasant sensation that her work did not belong to her. She told me of the following episode: she had recently shown her work to a publisher who, after glancing at her portfolio, said, ' I like a couple of the pictures here, but your work varies so much in quality and technique that it is hard to believe it has all been done by the same person.' In fact the patient felt, as she expressed it, ' possessed by a community of artists'.

These emotional patterns accompanying menstruation were interpreted as a re-experiencing of the first menstrual event and its emotional upheavals. The patient felt that my interpretations were of little help. Everything I said to her fell away and could not be assimilated or, conversely, I was influencing her and putting ideas in her head with my words. My interpretations were therefore either useless or dangerous. In either case she felt repelled by them, and I had become the mother who was felt to have shown little understanding and not to have given the required assistance. At a deeper level, her feeling of emptiness following her revealing to me her menstrual difficulties and her bitterly reproachful attitude to her mother was understood as a paranoid reaction for having confided in me—she felt empty because she had given up a secret or, rather, because I had taken it away from her; and conversely, her feeling of being influenced by me stirred deeper phantasies in which I was felt to be an intruder invading her inner world, creating confusion.

The point I wish to single out here is the patient's unconscious belief in the menstrual bleeding as an uncanny event through which she simultaneously lost everything inside her and was invaded from outside. The massive nature of the loss and invasion was accompanied by a blurring of the ego boundaries. The patient felt she was menstruating with her whole body.

The Second Menstrual Period

The analysis of some of the main phantasies that were so acutely expressed during her menstruation went on during the following weeks. The notion that her work possessed no artistic individuality led to depressive self-reproaches that she was a fake and a failure as an artist. These feelings were also expressed in other connections, especially in her so far unshaken belief in her devotion towards her fiancé. She could not bear the idea of having been a failure in that regard too and showed great anxiety when I interpreted her contention that her fiancé was missing and not dead as meaning that he was ' reported missing ' within herself as well. When her next menstrual period arrived she was still working through the same anxieties after having been, for the first time, consistently depressed for a long period.

The night her period began she was awake and restless for a long time before sleep brought the following dream. She was at a big party where all the interesting people, couple by couple, began to fight duels. Gradually the number of duellists increased. It was a fascinating spectacle to watch. People at first fenced in the house, but then the fighting spread beyond, into the fields, in the twilight. The patient throughout admired the skill and daring shown by the duellists, but she was too frightened to take an active part. Instead, she joined a very small, dull group of people who were talking business. In fact, they were so dull that she decided to go home. From this point the dream took on a frankly sinister character. On her way home the skin and flesh of her mouth began to grow. The flesh bulged out between her upper and lower jaws until she could not close her mouth. She felt as if she were choking, and began biting and chewing big lumps of flesh, some of which she swallowed; the rest fell on the ground. Finally she reached home and looked at herself in a mirror: the skin of her cheeks was thin and there was a hole in one part. The dream then faded out.

First among her associations was the recollection of a party she had recently attended where she had met a man who reminded her of me. This man (Mr. X) took an interest in her at first, and this made her feel pleased and excited, but uneasy. A bitter disappointment followed when Mr. X spent the rest of the evening with another woman. The patient blamed herself for being so serious that she made men run away from her as if she were ' poison '. She

complained of not being able to let herself go at parties; she always remained a kind of detached observer, witnessing everything, as she put it, in the ' cold light of reality '.

The duellists in the dream reminded her of some frightful quarrels between her parents and, in particular, of one episode in her childhood when she witnessed her father threatening her mother with a razor-blade.[2] Finally, although the patient was more interested than usual in this dream, and associated freely, she showed a strong disinclination to deal with that part of the dream where the flesh of her mouth began to grow. She repeated several times that that part was uncanny and said she felt ' in a muddle '.

In the course of the analysis we came back to this dream on several occasions. One important aspect of the dream was the shifting of moods—the admiration she felt for the skill and daring of the duellists changing little by little into a feeling of apprehension, then to boredom, and finally becoming positively uncanny. I pointed out to the patient that the duellists, her fighting parents, and Mr. X had in common the characteristic of being fully alive, and either exciting or dangerous. These features were in sharp contrast to the picture she maintained of me for a long period of her analysis as a ghost-like, half-alive creature. To keep me—and her fiancé—as a ghost meant to take away my sexuality and thus to prevent me from invading her as she felt I had done during the preceding menstrual period. The duellists in the dream expressed the many facets of her feelings about sexual intercourse, especially the combination of attraction and repulsion, love and hate. One reason for its being felt as hateful was conveyed in her association with Mr. X's abandonment of her. She was the deserted child witnessing parental intercourse, full of poisonous feelings stirred up in her by frustration—witnessing it, in her own words, in ' the cold light of reality '. This I took to mean seeing reality with no warm feelings of love, but only with death wishes for the parental couple.

Her association about ' poison ' was the first specific reference to the menstrual event underlying the dream. Menstruation seemed to be equated with the notion of poisonous substances being contained in her body (cf. her washing mania), and thus the repulsion she felt for men when she was menstruating covered the deeper anxiety that men were repelled by her. Her reference to poison was also understood in connection with her oral and anal trends, but unfortunately I cannot dwell on the many threads of her phantasies which involved the participation of nearly all the erotogenic zones. This in itself I believe to be significant; with her as well as with other female patients I have felt that the very richness of the material presented during their menstrual periods prevented me from dealing with it thoroughly. This aspect of the material was understood as a living out of the phantasy of flooding the object with menstrual blood.[3]

The first part of the dream pictures an external situation: parental intercourse was witnessed and her hate projected into it, thus as the dream progressed it became more sadistic. In the second part of the dream parental intercourse became internalized and took place in her mouth, the internalization bringing about mutilation (' *expérience de l'horrible* ') and arousing acute anxiety. The mutilation of her mouth and the primal scene imagery evoked was related to the menstruation that was about to start (or had already started) when the dream occurred. Menstruation was unconsciously experienced as a mutilating, sadistic intercourse that took place inside her.

As in the case of the preceding menstrual period, the elements of confusion and loss of ego-boundaries were again present. The teeth and flesh in the dream stood simultaneously for the two parents destroying one another as well as for herself destroying both parents: in fact, no line could be drawn between herself and the objects. The patient herself hinted at the opposing dangers represented by the growth of flesh in the mouth. If the biting were carried to its conclusion she would finish by eating herself up; but if she did not bite and spit out, the neoplasm would finish by smothering and bursting her whole body. During the preceding menstrual period the bleeding had been experienced in a similar way, for the patient had then felt that she was losing everything, and that every-

[2] This incident had been related a short time before in connection with some sexual recollections of her childhood, and it had been considered at the time to be a prototype of her primal scene phantasies. She had had plenty of opportunity to witness parental intercourse, for she had shared a room with her parents up to her ninth year.

[3] Also, the fact that the clinical material quite often roused an interest in me that was left partially unfulfilled would confirm Michael Balint's suggestion of the ambivalent attitude of seduction and frustration shown by women at their menses. (See Balint, M. ' A Contribution to the Psychology of Menstruation,' *Psychoanal. Quart.*, **6**, 1937.)

thing and everyone was invading her. During the present period, however, there was a change: although the phantasies of loss and invasion had gained in dramatic expression, the biting and the growing reached a standstill. From that point of view the patient was not only biting but re-shaping her mouth. With this compromise the previous phantasy of her whole body menstruating was modified; menstruation now was confined to her mouth.

Further associations indicated that the forceful re-entry of the sexual parents felt as destroyed by her oral-sadistic impulses was at the root of her menstrual anxieties. At the same time the dream showed that sexual intercourse was felt to be destructive because the patient not only projected her poisonous hate (faeces) into it, but her sadistic self as well. As a result of this projective identification a part of herself was lost and she became (at the end of the first part of the dream) dull and asexual.[4]

There was a distinct improvement in her condition after this material had been worked through. For the first time she was able to face the fact that her fiancé was dead. Her emotional change was reflected in a dream she had a week after the dream about the duel. In this dream she saw exotic flowers of great beauty growing wildly among rubbish in her roof garden. She was amazed to find that such beautiful flowers could grow in spite of lack of care. Here her associations, including a reference to manure, led me to interpret that the roof garden stood for her inside, here represented as untidy but fertile. There was a growing belief that her inside might be safe, that she not only contained poisonous faeces and that she could feed her good object precisely because she no longer felt compelled to control it so much. The patient confirmed my interpretations by saying that she now no longer insisted on believing that her fiancé was only missing, and that by admitting his death she actually felt him to be much more alive in her memory.

At the same time a new aspect of her relation to her father came to the fore. He was now described as ill-tempered but witty, kind, and, as she herself put it, ' the only one in my family capable of showing real feelings '.

This relaxation of her control over her internal objects, however, roused new anxieties. She recalled that at the age of seven she planted something in her window-box which later turned out to be a weed. She did not mind this outcome at all, thrilled as she was by the amazing weed which sprouted a long stalk and looked so robust. The whole family became very fond of it and called it simply the ' Weed ', with a capital letter. When they moved to another flat they took the Weed along with them; this time it was placed in a larger box and grew much bigger. It grew so big, in fact, that it became a menace to the other plants, and there was no choice but to destroy it. However, it proved impossible to get rid of it entirely; because of its roots, its offspring kept popping up again and again.

This memory was reported about halfway through the inter-menstrual period. Nevertheless, the contents of this recollection bore a striking resemblance to the theme of her associations during the previous menstrual period. In the life history of the Weed we find a counterpart to the duellists: first bold and admired, then dangerous and feared. Besides, both suffered the same fate. In the same way that the growth of the mouth ended in mutilation, the amazing but cancer-like growth of the Weed called for its destruction. But here the immortality secured by offshoots of the Weed represented a more optimistic type of compromise than the one hitherto pictured.

At the same time, there was a shift from mainly persecutory to mainly depressive anxiety. In the oral mutilation the leading anxiety had been a persecutory one, the destruction of her own body. Depressive anxiety appeared with the Weed-theme, in the threat to the fragile flowers in the box. If the Weed stood for the fiancé, it was clear what this ideal object meant to her in phantasy; it had the power to dominate her whole life, its very strength suffocated to the point of extinction all her other interests and drives.

Her way of dealing with the danger of ' fascination ' by this single object had been to split it into many; but this also led to a splitting of her own self, with a consequent experience of loss of individuality creating the feeling of utter emptiness and dullness already described. The community of artists, within herself, who forced her *in reality* to paint in different styles is one example. But here I should like to give another brief example which at the same time indicates another change in her feelings.

Two days after the session in which she recalled the episode of the weed, the patient

[4] See Melanie Klein's paper: ' Notes on Some Schizoid Mechanisms ', *Int. J. Psycho-Anal.*, **27**, 1946.

recounted the following dream: she went into a room and found her father joking and laughing in the company of twenty Negroes. He was on such friendly terms with them that she thought those Negroes were his relatives. She was nevertheless surprised, since her father was in reality a notorious Negro-hater; but, on closer inspection, she saw that his face was distorted with anger. She then realized that he was being forced to pretend friendliness because he was *outnumbered* by the Negroes.

'It serves him right'—that was the moral of the dream according to the patient. In so far as in the dream her father stood for herself, she was forced to behave and to *be like* those traits and parts of herself that she had disowned and put into her objects. Thus a reversal of the projective identification was brought about. At the same time, the crop of outnumbering Negroes as internal objects was but another version of the crop of choking weeds.

When we understood that the Weed basically represented her own greed projected into another object, we could then make more headway with the analysis. Side by side with this, an important change took place in her external life. She met a young man for whom, for the first time since the loss of her fiancé, she experienced some feelings of love. This romance was in its very first stages when the patient entered the third menstrual period.

The Third Menstrual Period

On a Monday she told me that she had had an eventful week-end; she had been to two parties, and her menstruation had appeared on the Sunday. She felt exhausted. Her account of that Sunday ran as follows: She met two young men at the Open Air Exhibition, and liked them because both had motor-cycles—those being the symbol of her dead fiancé. The young men gave her a ride. After the excitement of motor-cycling she felt extremely tired and decided to go home. When she was about to leave, she saw another couple of motor-cycles in a nearby parking space. With them she saw the young man, whom she liked, talking to a friend. They were discussing motor-cycles, and the patient joined in the conversation. Her friend spoke of the wonderful sensation one got when riding a motor-cycle. 'You just fly at an effortless speed.' The patient felt elated by this description and said that she knew exactly what they felt. At this stage she told me that it was an extraordinary coincidence to meet 'such a crop of young men riding motor-cycles', and added that that might be one of the reasons for her feeling so exhausted. But that very exhaustion proved very helpful when she spent the rest of that day with the man she liked. Hitherto she had always felt socially awkward, but that evening she was so tired that she had no energy left to worry, or to be shy or self-conscious. She could freely enjoy the time they spent together. In fact, she considered that day to be a turning-point in her life. Her relationship with the young man became a steady one, and three months later she married him.

The menstruation accompanying the events of that Sunday had been painless for the first time. Her motor-cycling experiences accompanying menstruation, while similar to her associations about previous menstruation in that the motor-cyclists retained the dashing qualities of the duellists and the Weed, nevertheless differed in one important respect. The motor-cyclists were not dangerous objects who would outnumber or choke her. The Negroes, for instance, had forced her father to behave like a motor-cyclist. The emphasis in her account of that Sunday fell on her sympathy with the man, based on her assuming a feminine receptive position. Riding on the motor-cycle could thus be interpreted as a symbolic expression of her readiness to have sexual intercourse with the man she loved. Her exhaustion had a strong feminine component. It was a pleasurable experience. When I asked her what her exhaustion had felt like, she said it had been a wonderful feeling of relaxation, as if her body were empty and light. This sensation of relaxed emptiness was the very opposite in feeling to the 'vacuum' state experienced in the first menstruation described here. It is very significant that whilst on that occasion she could not join her father because she was menstruating, now she enjoyed the company of a man because she was menstruating.

Summary and Conclusions

I have tried to show the continuity in a series of phantasies over three menstrual cycles. The main feature in this sequence was that the patient's anxiety, of a persecutory nature at first, diminished and became mainly depressive in quality. With the lessening of anxiety, the patient's symptoms of pain in menstruation disappeared, and she was able to allow herself to fall in love. During the first menstrual period

the patient felt herself to be permeated by a to and fro movement of shapeless objects which appeared as vague outlines, and which she described as 'someone', 'everyone', 'anything', etc. She felt herself split into a community of 'someones', whilst I was perceived as the double of the shapeless internal objects. Persecution was experienced during the second menstrual period, by a host of controlling and controlled objects. These objects—the duellists—had human characteristics. At the same time a less drastic control and an increasing concern for the good object could be observed in that a much earlier phantasy about a weed changed to a greater interest in good flowers. The third menstrual period ushered in an object-relationship characterized by a loving attitude and a sharing of experiences with an object while remaining at the same time comparatively free and independent of it.

Understanding of the changes in this patient is facilitated if we consider the process of assimilation described by Paula Heimann in her paper on sublimation.[5] She suggests that the true capacity to sublimate entails a relationship with internal objects which are not overwhelmingly persecutory or idealized; for in either of these cases the work of sublimation carried out by the ego is primarily done out of fear—fear of the directly persecuting or intolerably exacting objects. Creating under these conditions is not a spontaneous and personal endeavour, but takes the form of a placatory or propitiatory act towards an object felt to be an alien to the self (an unassimilated object). In the present material it was seen that the patient had a relationship with idealized or persecutory objects. At one stage particularly they had a special characteristic: that of *fascination*. The duellists, the Weed, and the Negroes were examples of fascinating internal objects that made her feel at their mercy. During the last menstrual period, however, the patient was in sympathy with her object while not feeling spellbound or threatened by its power. This capacity for sympathy with an object—a feeling of oneness with it, in which she still retained her own free self—can be seen as the result of an internal relation with an assimilated object. This assimilation was possible only when the patient realized to what extent she had put her own impulses into her objects.

If the fact that the patient could have a good relationship with a man *because* she was menstruating is borne in mind, it follows that this event was a helpful experience. It was so, I think, because with the assimilation of the good object a certain balance in the mechanisms of introjection and projection was reached, in the sense that she achieved the unconscious belief that the bad object had been ejected whilst the good object remained in a safe inner world. By the third menstrual period described the patient felt that her inside, as a result of the genital bleeding, was empty, clean, and safe, ready to carry her future children. On this occasion she took a predominantly feminine rôle. Concurrently with this gain in femininity, with the diminution particularly of her persecutory anxiety and the lessening of control over her internal objects, her libido, which till then had remained fixated to the lost object, could now be transferred to a new object. Her new choice was significant because in the new man she now loved she had been able to retain some of the admired qualities of her lost sweetheart, viz. his interest in motor-cycling. This improvement although not fully maintained was significant. It must be assessed in relation to the fact that the patient later showed a good adjustment in her marriage and had a greater capacity for happiness.

I think it worth while pointing out that menstruation can be experienced as good and helpful, because in the analytical literature the positive aspect of menstruation has been considerably neglected. Most writers dealing with this topic have over-emphasized the traumatic aspect of menstruation, considering it almost exclusively as a revival of the female castration complex, as a cyclic abortion, as something dirty equated with faeces, etc. These are widespread anxiety situations to be found in the analysis of every woman, but I believe that a better perspective is gained if the constructive aspects of menstruation are contemplated as well. It is important to consider, as Melanie Klein has pointed out, that 'menstruation can also be experienced as positive in so far as it indicates fertility',[6] or as Helene Deutsch has

[5] 'A Contribution to the Problem of Sublimation and its Relation to the Problem of Internalization', *Int. J. Psycho-Anal.*, **23**, 1942.

[6] In a recent book dealing with female psychology, Dr. Marie Langer holds the same view. 'Each menstruation signifies, it is true, the loss of a hope of becoming a mother, but, at the same time, it symbolizes the youth and fecundity for the woman, her capacity for continuous regeneration, and a promise of future maternity.' *Maternidad y Sexo*, 1951, p. 165.

stated, ' menstruation becomes a decisive experience in this process of feminization '.

Finally, I should like to deal briefly with the feeling of ' uncanniness ' that so often accompanies menstruation. Practically all papers on this subject refer to the taboos, superstitions, and prohibitions, old and new, that have gathered round the menstruating woman. The work of C. D. Daly in particular has given us a wealth of valuable information, drawn from literary and anthropological data.[7] Several explanations have been put forward to account for the widespread horror and the creation of taboos that this biological phenomenon evokes. C. D. Daly considers menstruation as ' the most *virulent of all the taboos* . . .' and ultimately traces its ' virulence ' to the repressed early incestuous drives of the boy to his mother.[8] Another basis for this reaction is to be found in the castration anxiety which the genital bleeding stirs in the boy (and in the group).

We may also consider the way in which menstruation can be felt subjectively as uncanny by the menstruating woman herself. Leaving aside the importance of the time factor in this cyclic phenomenon, and the rôle it might have in producing the uncanny response to menstruation (for instance, in creating the suspense or expectation that something is about to happen), I have observed in this and in other female patients that the sinister feeling was related to an underlying state of confusion. It may be, therefore, that consideration of the earlier infantile persecutory and depressive phantasies may help to clarify the problem of the attitude of women towards menstruation. The problem is posed by Helene Deutsch when she states that it is not yet clear ' why so many women suffer menstrual depression before the menstrual period ', adding that they forget from month to month that their periodic depression is caused by the approach of the menses and breathe relief when the onset of menstruation supplies a rational explanation of this depression (*op. cit.*, p. 174). This forgetting the periodic nature of the depression might be due to the anxiety stirred up by the relatively fixed menstrual timing, provoking in the woman the feeling that the inside of the body is controlled by alien, powerful forces, following an immutable temporal law.

The findings of Melanie Klein [9] regarding the sexual development of the girl suggest that a direct Oedipus complex alternates with an inverted Oedipus complex from early infancy onwards. Vaginal sensations associated with phantasies of a typically feminine receptive nature frequently accompany the young girl's heterosexual impulses. It follows from her views that when the first menstruation occurs in puberty, this event, important though it is, does not bring in its train a new, *specifically* genital conflict. Its deeper meaning has to be understood in the light of the phantasies and anxiety situations pertaining to the early stages of the Oedipus complex in the girl. Thus in the first two menstrual periods here described the idea of the uncanny appeared. The analysis of the anxiety-situations revealed that the patient felt that she was either invaded by or lost in an object, and she was unable in either case to draw a line between herself and the bad (fascinating, persecutory) object. This inner confusion, entailing a notion of unreality, must play a rôle in the ' secret and mysterious fears ' that menstruation so often arouses.

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[7] ' Der Menstruationskomplex ', *Imago*, **14**, 1928, and ' The Menstruation Complex in Literature ', *Psychoanal. Quart.*, **4**, 1935.

[8] ' The Psycho-Biological Origins of Circumcision ', *Int. J. Psycho-Anal.*, **31**, 1950, p. 230.

[9] *The Psychoanalysis of Children* (1932).

CLINICAL AND THEORETICAL OBSERVATIONS ON MALE HOMOSEXUALITY

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Any consideration of problems relating to male homosexuality is limited by a number of factors. Among them are the unknown importance of organic influences (constitutional, hormonal) in the causation of the condition, the different forms of homosexual behaviour, and the alternation of behaviour in the same individual. Psycho-analytic investigation of homosexual patients has shown how much can be achieved if the organic factor, while being given adequate recognition, is left temporarily on one side. Freud, Sadger, Ferenczi and others have clarified the principal psychological mechanisms operative in this perversion. Nunberg (17) in reviewing these psychological factors wrote: '... mother-fixation, identification with the mother, the tendency to a narcissistic type of object choice (including herewith the overvaluation of the male genital), and fear of the father or, in other words, castration anxiety. Finally, and perhaps most fundamentally, homosexuality is favoured by a passive-anal attitude towards the love object.'

Freud (11) has emphasized that there is nothing specific about such psychological influences. He has pointed out (9) that ' there is nothing to be gained, however, by separating the most extreme types of inversion from the rest on the basis of constitutional peculiarities of that kind. What we find as an apparently sufficient explanation of these types can be equally shown to be present, though less strongly, in the constitution of transitional types and of those whose manifest attitude is normal.' Indeed when certain patients suffering from impotence and ejaculatio praecox are subjected to psycho-analytic study it is difficult to understand what constitutional, psychological, and environmental forces prevented them from developing into overt homosexuals. A comparison of such non-homosexual patients with those complaining of homosexual tendencies may help to a further elucidation of some of the psychological problems associated with homosexuality. While the aim of this work is to present some clinical and theoretical observations on male homosexuality, the author feels that it would be premature to use such material to support any new conclusion regarding the nature or aetiology of the condition. Clinical data and tentative theoretical speculation have a right to presentation without the construction of fresh hypotheses. Two sets of patients—three suffering primarily from inhibitions of genital potency and three from overt homosexuality—comprise the clinical material of this report. The ages of the patients range from 22 to 39. They were under treatment for periods extending from seven months to over two years. Only one patient had less than one year of analysis. No further details of the patients' histories will be given now. In the text the non-homosexual patients will be designated A, B, and C, and the homosexual patients X, Y, and Z.

The Conflict over Passive Sexual Aims

The three homosexual patients to be described here are representative of that group of homosexuals in which is found a preoccupation with masculinity. Such patients behave in an essentially masculine way and have no desire to appear effeminate or act in a feminine way. Ferenczi (7) has designated these individuals ' object homo-erotics '. ' Such a patient feels himself a man in every respect, is as a rule very energetic and active, and there is nothing effeminate to be discovered in his bodily or mental organization. The object of his inclination alone is exchanged. . . .' Patients like Mr. X cut across the clear-cut division which Ferenczi made between the object homo-erotic and the subject homo-erotic. At the time of his analysis Mr. X could have been accurately described as an object homo-erotic, yet several years previously he had behaved very effeminately, fulfilling the description given by Ferenczi of the subject homo-erotic individual. Such

patients raise the question of the essential nature of the masculinity of the object homoerotic and how far the sexual behaviour may be regarded as an expression of masculine tendencies. A pride in masculinity is to be found equally pronounced among patients whose genital sexuality is impaired.

Psycho-analysis has demonstrated that the sexual drives have both active and passive aims. Nunberg (19), on the basis of numerous observations, has concluded that femininity in a man must be represented by the passive aims of his sexual instincts, and he holds that feelings of femininity in both sexes have their origin in anal sensations. This view is in accord with Freud's (10) statement: 'The passive trend is fed from anal erotism, the erotogenic zone of which corresponds with the old, undifferentiated cloaca. Accentuation of anal erotism at the stage of pregenital organization gives rise in a man to a marked predisposition to homosexuality, when the next stage of the sexual function, that of genital primacy, is reached.'

Homosexual patients frequently try to hide their sexual aberration by pretending that they have the normal heterosexual interests. This often leads to embarrassing and frightening situations. Mr. Y related several incidents when he had been faced by an amorous girl friend. His concern to get away without hurting the girl's feelings was always a problem on such occasions. Behind this concern lay considerable anxiety regarding the woman's sexual interest in his body. The idea that a woman might be interested in or want to touch the male genitalia was a repugnant thought. Although in somewhat less degree, many non-homosexual patients show a very similar distaste for sexual activity on the part of their female partner. Mr. A disclosed that he was ill at ease whenever his wife attempted to touch his penis or for that matter any part of his body in proximity to the genitals. Mr. B was aware of a desire to take the passive rôle in sexual relations but was afraid to do so. Mr. C stated that for a man to be passive in sexual activity was unnatural. As the analyses proceeded the underlying wish for passive pleasure became more obvious. Mr. A reported that he had been sexually excited when reading in the newspaper of a boy who had been seduced by a woman. In spite of this and similar thoughts he was unable to accept the possibility of a conflict within himself regarding sexual passivity. When Mr. B had freely ventilated his fear of giving way to his passive wishes he announced that he had the strongest desire for his girl friend to caress his perineal region, but to give way to such a wish would betray his effeminacy. Mr. C did not like his wife to touch his genitalia. On one occasion when his wife took the initiative and adopted the upper position in coitus he was sufficiently upset to avoid intercourse for some time. As with Mr. B, he was afraid that such passive behaviour might be interpreted as effeminate. In each case a fear of effeminacy obstructed the passive sexual wishes from reaching expression.

Concurrent with the discussion of these passivity problems the non-homosexual patients showed the presence of considerable anal interests. Analysis represented defaecation. The treatment was likened to a cesspit in which were deposited 'dirty', unclean thoughts. Words and faeces were equated. The most striking example was afforded by Mr. C. In this instance not only were words treated in the same way as faeces but they were equivalent to semen also. The patient had complained of an inability to remember his dreams. To compensate for this he had taken to writing them down in the middle of the night and bringing the notes to the interviews. At this time he complained of a precipitate defaecation in addition to his symptom of ejaculatio praecox. He reported that when love-making or when the desire to defaecate appeared he was afraid to move for fear of ejaculating in the one instance or soiling himself in the other. One day while talking of his difficulty of writing down dreams in the middle of the night with the aid of a torch, it transpired that he kept paper and pencil under his pillow. The reason for this was not a dislike of getting out of bed but a fear that if he moved the dream would disappear. The movement of his body would result in the loss of his dreams just as he feared he would lose semen or faeces.

Mr. B showed by his behaviour and use of words that he wished to control the analysis just as he attempted to control his faeces in early childhood. His chief love objects, his girl friend and his mother, were identified with faeces. He constantly tried to control them and when he failed to do so he was depressed. Mr. B was a chronic sufferer from constipation and haemorrhoids. Mr. C's transference behaviour was a repetition of a pattern of alternating compliance and rebellion. When in the former state he brought, as mentioned above, an abundance of notes dealing with dreams and daily thoughts, but when in the latter state he was silent and

disgruntled. This behaviour was identical not only with the way in which he produced faeces in infancy but also with his attitude towards his mother in boyhood. He was either over-conscientious and submissive or rebellious and negativistic. With both Mr. B and Mr. C talking had the further significance of urination.

The transference manifestations referred to above are now understood as an aspect of the pre-oedipal phase (3, 15). The recovery of memories revealed that the patients' mothers had been over-concerned with the bowels. This anxious concern was reflected in a habit of Mr. B. After passing a stool he compulsively had to look at it and make a mental note of its size and consistency. Mr. C clearly recalled being given laxatives and only later in the analysis was proof forthcoming of the administration of enemas in his second and third years.

Of the three homosexual patients Mr. X exhibited the most pronounced anal erotism. As a small child he had been regularly treated for constipation by the insertion of pieces of soap into the anus. This had eventually become a source of libidinal pleasure. He was a very silent patient and gave up his words reluctantly as he had his faeces in childhood. Mr. Y had little conscious awareness of his anal erotism (in contrast to Mr. X) apart from a complaint of constipation and haemorrhoids. As a child his sexual theories were set against a background of anality. He believed that men and women differed not on the basis of anatomy but because of difference in the excretory functions. His belief was that while men passed both liquid and solid excreta women passed only liquid. In early latency he and his brother were interested in the intestinal gases and they distinguished a 'brown' and a 'green' smell. Reaction formation was a well-defined trait, and he exhibited all the characteristics of the anal character.

Every patient, both homosexual and non-homosexual, suffered from severe constipation in childhood. As will be mentioned later, the analyses of Mr. C, Mr. X and Mr. Z revealed most strikingly how reluctant they were to part with their faeces. This reluctance and obstinacy was due to anxiety. The dread of having their faeces removed without their consent, e.g. by enemata as in the cases of Mr. C and Mr. X, had had extensive psychical repercussions. Such effects were reflected in the powerful defence which these patients had instituted against the distress caused by separation from loved ones in early childhood. In the treatment situation both patients reacted initially with a denial of the separation trauma at holiday breaks, and only later did the underlying depression and anxiety appear. As in the case of Mr. B faeces were identified with love objects. E. Sterba (20) has described a child of two and a half years old who suffered from psychogenic constipation. The child not only tried to control his love objects as he controlled his faeces, but he also regarded the forcible removal of his faeces as a castration. Fear of loss of faeces has been recognized as a pre-genital forerunner of castration anxiety (Freud, 14). The equation faeces = penis = love object was valid for all patients and in respect of fear of loss of either faeces, penis, or love object the non-homosexual patients were no less disturbed than the homosexual patients.

Unconscious feminine identifications were equally marked in both groups of patients. These identifications were with the mothers and other female figures, both child and adult. Mr. B had the habit of speaking to his girl friend in the same solicitous manner as his mother had spoken to him. On the night before his mother's birthday Mr. Y dreamt that it was his own birthday. This patient was given to dreaming of princesses, and it was some time before it was discovered that he was the princess. In boyhood he called himself the Cinderella of the family. His dreams, like the fairy tale, changed the unhappy situation. Mr. C had a dream of 'a little girl with a shawl round her head'. This reminded him of his early childhood when, during asthmatic attacks, his mother put a shawl round his head and back. Many other instances could be cited (e.g. Mr. X suffered from severe backache when a girl friend was ill with pyelitis) to indicate that unconscious feminine identifications were no more outstanding in one set of patients than in the other. The nature and extent of the patients' reactions to their unconscious feminine trends will be discussed later.

Important information was obtained from the patients' behaviour in the psycho-analytical situation. Mr. A found it difficult to relax on the couch. Usually he lay with one leg over the side with his foot on the ground. This, as subsequent events confirmed, was due to an unconscious fear of being sexually assaulted during the interview. He recalled that as an adolescent he had entertained ideas of entering a monastic order. He was friendly with two

clergymen and they were in the habit of discussing sexual topics with him. During one such discussion one of the clergymen embraced him and gave him a kiss. He was alarmed by this behaviour and had to restrain himself from hitting out. He had noted identical feelings while lying on the couch. He felt tense and only with difficulty remained in the room. The interpretation of his transference fears led to memories of boyhood and adolescence. He remembered being sexually aroused when watching another boy urinate. As a young man he was excited while helping a friend into a theatrical costume.

Mr. B had similar unconscious conflicts regarding sexual passivity in relationship to men. Early in the analysis he had the following dream. ' He is in a barn; there are two doorways, one in front and one at the back; he is standing at a workbench: suddenly he feels afraid, as if someone has come in and is going to attack him from behind.' This fear of attack by the analyst was followed by childhood memories in which he recalled always feeling more secure if he slept on his back. At the age of 12 a friend of his father's frightened him one evening by placing his hand on his (the patient's) abdomen as he lay in bed. This patient did not repress his passivity trends but projected them on to his girl friend. She, in his opinion, was always wanting other men. Whenever she had to go away for some days he displaced the projected transference wishes on to his landlady. He had the phantasy that she wanted to have coitus with him. In Mr. B's case, and possibly with Mr. A also, gratification of unconscious passive sexual wishes implied an anal attack.

Certain features of the transference reactions could be traced, both in Mr. B and Mr. C, to anal games which they had with older brothers in childhood. These games had fixed the fear of sexual passivity (in relation to men) more firmly in their minds. In both instances the patients had been overwhelmed by the stronger brother and these struggles had caused anxiety. Mr. C, like Mr. A, found it almost impossible to relax during the interviews and for a long time he often felt like walking out. He had a need to be constantly on the alert. He was equally afraid of an anal attack, as the following dream illustrates. ' A bull is holding him down on the ground and preparing to have intercourse with him; he manages to fight it off.' As a small child his father had held him down while his mother inserted the enema syringe into his anus. He had the greatest difficulty in discerning the connection between his uneasiness in the analytical situation, with certain types of men, and his unconscious fears of homosexual passivity. This attitude was strengthened by an equally strong unconscious fear of oral assault. In the treatment situation he bitterly resented having to ' swallow ' any kind of rubbish. He distrusted what he was told and felt opposed to it. After a long period of intense resistance he said that there was a similarity between his feelings about interpretations and his father's efforts to get him to take castor oil for constipation. Usually his father had to force the castor oil down his throat after a fierce struggle. In both situations he felt that he was being cajoled and tricked into accepting something which would be unpleasant. In an ensuing interview he smelt ' Gregory's Powder ', one of the purgatives he used to be given. This example illustrates the patient's equation of words and dangerous liquids. One of the homosexual patients, Mr. X, entertained very similar ideas of oral attack and contamination which led to an equal difficulty in accepting interpretations.

The three non-homosexual patients were preoccupied with conflicts regarding passive sexual aims both with regard to men and women. The former conflicts were warded off by repression and other defence mechanisms such as projection. The latter were not opposed so strongly. Brunswick (3) and Lampl-de Groot (15) have demonstrated that all passive libidinal drives originate in the pre-oedipal mother-relationship. Not only did the patients participate in a passive-anal relationship with the mother, but other erotogenic zones were stimulated by the mother's activity. Mr. B recalled how his mother used to fondle and tickle him when he was quite small. This wish for passive pleasure was continued in his sexual relations with his girl friend, as has been mentioned above. With both Mr. A and Mr. C the penis had been subjected to considerable stimulation in the third and fourth years. In the former this was due to an infection of the glans and in the latter to a tight foreskin which had to be constantly retracted. They were unconscious of the wish for passive satisfactions, but the repressed impulse expressed itself in the insistence of both men that their wives should manipulate the penis to ensure an adequate erection. They maintained that they had no pleasure out of this manoeuvre which was only done to permit an attempt at coitus. Abraham (1) has referred to this un-

conscious desire to have the penis handled by a woman (the mother) in patients suffering from ejaculatio praecox. Passive conflicts regarding men are but a continuation and displacement of the same problems originating in the mother relationship. For example, Mr. A was horrified to recall that in boyhood he had not objected to other boys trying to grasp his penis in rough and tumble games. Homosexual patients, e.g. Mr. X, repeated in anal coitus the libidinal satisfaction achieved when soap was inserted into the anus in childhood by his foster mother.

The preference for passive libidinal aims leads to a danger situation when the phallic stage of development is reached. Freud has described on many occasions why passive sexual wishes directed towards men must be avoided. He states (13) '. . . under the threat to the boy's masculinity by castration, his inclination becomes strengthened to deflect in the direction of femininity, to put himself instead in his mother's place and take over her rôle as object of his father's love. But the fear of castration makes this solution impossible as well. The boy understands that he must also submit to castration if he wants to be loved by his father as a woman.' The three non-homosexual patients had similar unconscious phantasies of a sexually aggressive father (details of this material will be given later). Phantasies of sadistic coitus were abundant—for example, Mr. A used to wonder, in childhood, if the stallion injured the mare with his hooves during coitus.

The homosexual patients were equally concerned with unconscious conflicts regarding passive sexual aims. Mr. X was afraid of being attacked from the back. This fear was expressed in different forms in the transference. One variant of this phantasy was an attack against his genitals when he was not looking. As an adolescent he had a fear that at night, while asleep, a mouse might enter his anus. He was upset and frightened whenever he saw or heard of anyone who had suffered a bodily injury. This fear of injury extended to homosexual activities. His conscious conflicts regarding homosexuality and his neurosis had started when he developed an anal discharge. He believed then that he had injured himself as a result of his sexual experiences which at that time took the form of coitus *per anum*. Nunberg (17) reported that his patient '. . . although extremely excitable in the anal region for a long time (he) did not contemplate passively surrendering himself because his fear of injury to the anus was even greater than his fear of injury to the genital'. It is difficult to understand why Mr. X, in spite of his fears of bodily injury, was able to indulge in anal coitus in the passive rôle. A. Freud (8) believes that such passivity may hide an underlying masculinity which for the time being cannot find expression. The virility of the homosexual partner represents this lost masculinity. The homosexual act may, as Nunberg (17) suggests, represent a means of appropriating the partner's masculinity and simultaneously procuring his castration. While the homosexual patients were free from conscious desires to indulge in anal coitus at the time of treatment it is more than likely that the above-mentioned hypotheses explain the unconscious motives underlying Mr. X's earlier passive inclinations and experiences. Although coitus *per anum* is not uncommon in homosexual activity it is relatively rare in comparison with the incidence of mutual masturbation and fellatio (Brun, 1951). This may be due to the fear which most homosexuals have of bodily injury if they give way to passive anal tendencies. When they do so some means of removing the anxiety must operate to permit the gratification of these wishes by anal coitus.

Mr. Y did not indulge in sexual relations with adults but only with boys in which he took the active part. While analysing a phantasy of masturbating a boy who is tied up and immobile, he revealed how frightening it would be to be so vulnerable. He remembered an incident in boyhood when an older boy had tried to grasp his penis without his consent. He struggled so violently that the bigger boy let him go. He described how in his sexual relations he not only had taken the initiative but retained control of the situation throughout. This need for control was equally apparent in his behaviour in the non-sexual sphere. His own unconscious passive wishes were expressed in the phantasy of the tied-up boy. In a memory of childhood he recalled being out for a walk with his father. The latter had him by the hand and seemed to be pulling him through the air. This was a pleasant sensation. Such passive wishes had now become very frightening, as the following dream demonstrates: 'He is being chased down a flight of steps by a man wearing glasses (the analyst) who has a knife in his hand: he just manages to get out of the house and close the door.' He wakened in fear.

The analysis revealed that in childhood Mr. Y had been deeply impressed by the castration

threat. Not only did he vaguely recall such a threat regarding masturbation but an accidental circumstance (? a screen memory) of high symbolic content must have confirmed the possibility of an injury to the penis. As a very small boy he had a pet canary of which he was very fond. One day while being allowed to fly around the room the bird came too near the fire and was consumed in the flames. That this bird symbolized his penis was demonstrated in the following post-masturbatory dream. ' A boy is standing on a hillock; he holds a bird in his hand; he is very fond of it and strokes it; he releases the bird and it flies high in the air; he lifts a gun and shoots it; he is afraid of being found out and hides the bird under his coat.' In his associations he told of how he was given to holding his penis under his raincoat when seized with an exhibitionistic urge. The fear of injury to the penis had important repercussions. He had an amnesia for looking at or touching his penis in boyhood or puberty. He did not masturbate until he was about sixteen. Prior to this his method of avoiding the castration threat yet allowing himself the pleasure of masturbation was to touch other boys' genitals and for them to touch his penis. This was always done in the dark. Lewinsky (16) has described a very similar means of avoiding the masturbation prohibition in a homosexual patient.

Castration fear has resulted in the repression of active phallic behaviour towards a heterosexual object. Dreams and exhibitionistic tendencies (the wish to show his penis to boys) immediately following a visit from his mother when he had spent much time ' showing off ' to her, permitted the reconstruction of his attempt in childhood to impress his mother with his penis. In the interview following this reconstruction he dreamt of being attacked by gangsters and men with spears. Not only were active drives vitiated by castration fear, but passive-feminine trends (e.g. the ' princess ' dreams) also because they too carried with them the fear of castration. The analysis of his fear of sexual passivity provoked anxiety which was partially expressed in a peculiar and distressing swelling-up sensation of the hands and face. On one occasion he described this as if something large was trying to get into something small. This sensation, which occurred periodically throughout the analysis, was most frequently stimulated by castration themes; for example, on one occasion while relating that he often had the thought that a woman looked nice even although she had no penis, the ' swelling up ' sensation suddenly appeared. During this period of analysis of the passivity fears he dreamt of ' being attacked by a man with a knife and a bloody hole made in his chest '. This hole he equated with the vulva. The interpretation of his fear of being made into a woman was immediately followed by the appearance of the swollen-up feeling. The femininity which he feared so much was disposed of by means of projection. Whenever he encountered what he felt to be traces of effeminacy in men or boys he was disgusted. This reaction was present in both Mr. X and Mr. Z, notwithstanding the fact that at one time Mr. X had behaved very effeminately. Nunberg (19) had described this projection of feminine trends whereby the male eliminates these unwanted aspects of his personality.

As will be shown later, Mr. Y had no interest in boys who had been circumcised. In contrast Mr. X found the uncircumcised penis disgusting. Castration anxiety motivated the distaste of the former, whereas for the latter only the circumcised penis was completely masculine. Nunberg (19) has shown that circumcision not only liberates the glans penis, the symbol of masculinity, but frees the man from the dirty prepuce, the symbol of femininity. Like Nunberg's patient, Mr. X projected his anality into the woman. The vulva was a cloaca and vaginal secretions were equated with faeces. He experienced intense disgust even at the thought of the female genitalia.

The intensity of the castration anxiety may be the determining factor in deciding whether or not an individual can give way to passive anal wishes. In spite of Mr. Y's anal fixation, passive tendencies had been completely repressed and replaced with an active drive towards boys. The homosexual who can indulge his passive anal wishes may be able to do so if he can deny the possibility of bodily damage during coitus. Only when reality can no longer be ignored is this denial dissipated. For example, Mr. X was able to participate in anal coitus in the passive rôle until he developed an anal discharge. Only then did he give up this form of satisfaction and resort to mutual phallic and anal masturbation and fellatio.

Although passive libidinal wishes directed towards women are not obvious in homosexual patients, they are nevertheless present. When talking of his passive coital experiences with men

Mr. X likened the sensations in his anus to those he felt when his foster-mother inserted soap into the anus because of constipation. He recalled that he even adopted the same posture in homosexual relations as he had done with his foster-mother while she introduced the soap. In adolescence he masturbated by inserting pieces of soap into his anus, thus repeating the pleasure he had experienced as a child. Towards the end of the second year of analysis Mr. Y revealed his hitherto repressed interest in women's breasts. He had become aware by himself of his unconscious equation of penis and breast. His wish, never fulfilled, to perform fellatio with boys undoubtedly represented his unconscious wish to suckle his mother's breast. Simultaneously he began to verbalize one of his unconscious phantasies of the mother. When he was about fifteen he had been attracted, for the first and only time, to a girl some years older than himself. He felt so inadequate and inferior in relationship to her that it seemed as if she came from another planet. While on holiday during the analysis he had been very impressed and overawed, as before, by a very handsome girl. He was distressed when he heard that a man had taken her out. He felt she should remain pure, unsoiled, and immaculate. This phantasy of a virginal female, free from the ' dirt ' of sexuality, was his method by which he denied the existence of his parents' sexual life. The fellatio experiences of Mr. X with boys were to be explained along similar lines to those wishes of Mr. Y, and will be referred to later in a different context. The oral, anal (non-coital), and genital activity reported in most cases of homosexuality represents a repetition of the libidinal satisfactions of the pre-oedipal phase now re-enacted with the homosexual partner. Experiences with a phallic mother are preferable to the dangerous fulfilment of the negative oedipus wishes by means of coitus *per anum*. Nevertheless such unconscious desires often break through from repression and appear as phobias. Lewinsky's patient (16) complained of a burglar phobia, and Mr. X had a mouse phobia.

Nunberg and others have demonstrated the close relationship existing between anality, passivity, and feminine trends in the male. The pronounced anality of all six patients had resulted in conflicts regarding passive-femininity. The patients had an intense distaste for any sign of femininity in themselves. Their own femininity was projected on to women and other men. Masculinity was the ideal, more obviously expressed by the homosexual patients, as represented by the erect penis. For example, Mr. X was repelled by men with what he termed a flabby penis, which he equated with the pendulous breasts of parous women. Mr. Z expressed similar ideas and was contemptuous of men who appeared in any way effeminate. The non-homosexual patients while likewise projecting their femininity (best illustrated by Mr. B, whose girl friend epitomized his own rejected femininity) could tolerate it to some degree in the heterosexual love object.

The emphasis on masculinity in the type of homosexual patient described here appears to be in part a defence against passive-feminine (anal-erotic) wishes. In this respect the homosexual patients were no different from the non-homosexual patients. Both had pronounced unconscious feminine identifications and both equally feared the passive wishes stimulated and exaggerated by such identifications. The opinion that the masculinity of the object homoerotic individual is essentially defensive is a re-echo of the views expressed by Jekels (1913) quoted by Bychowski (5): ' In his opinion " active homosexuality is only seemingly active; in fact it is passive, so that there is no other homosexuality at all but the passive kind. . . . Every inversion is a drive with a passive aim." Jekels regards the determining factor as anal erotism, which, in his opinion, sets the pattern for the passivity of the libido.' On the one hand passive tendencies seek complete fulfilment in coitus *per anum*. On the other hand the achievement of such passive aims would be equivalent to the acceptance of femininity and castration. Mr. Y demonstrated by his reaction to the analysis of his passivity fears that unconsciously he regarded giving way to such tendencies as a castration, e.g. the ' hole in the chest ' dream. Mr. X renounced his passive anal satisfactions only when his denial of bodily injury could no longer be maintained. From then on he was only interested in masculinity, detested effeminacy, and his passive tendencies were repressed. This conflict between the wish for passive anal gratification by coitus (the fulfilment of the negative oedipus complex) and the fear of femininity (castration) must be active in the vast majority of homosexuals. This supports the view that all homosexuals, if not actually suffering from a psychoneurosis, do suffer with a severe, chronic neurotic conflict. The insistence on masculinity also obscures the fact that the homosexual practices engaged in are in fact

repetitions of the pre-oedipal mother-relationship. Here oral, anal, and phallic drives may be satisfied without the danger associated with coitus *per anum*, which is symbolic of the sexual act with the father and must demand castration as a prerequisite.

Repudiation of femininity is not limited to only one group of patients but applies equally to both. This is in accord with Freud's statement (1937) that ' The repudiation of femininity must surely be a biological fact, part of the great riddle of sex '. (*Coll. Papers*, vol. 5, p. 357.)

Problems of Narcissism and Ego Development

The transference manifestations in the non-homosexual patients were particularly free of chronic reactions to narcissistic injuries. The patients were not withdrawn. They were prepared to attempt the formation of a new object relationship in the analytical situation. In contrast Nunberg (17) has commented upon a homosexual patient to the effect: '. . . The patient's entire life history shows in unequivocal fashion that his narcissism was continually, and chiefly at the hands of his mother, subjected to severe injury.' With both Mr. X and Mr. Z a history of this type was obtained. The former, an illegitimate child, had been farmed out to a foster-mother when only a few months old. He had been very badly treated by her during his first six years of life. He was beaten a great deal and punishments of an extremely unpleasant type were inflicted upon him. At the age of four, after being incontinent of faeces, his face was pushed into the excrement as a punishment. As a reaction to hurts, both physical and emotional, he had withdrawn into a state characterized by an extreme degree of aloofness and detachment of manner. Silence had become a trait of character. The silence, initially developed as a defensive reaction, was eventually used as an expression of aggressiveness. In the transference he re-lived many of the experiences which he had undergone in childhood. For months he was unable to begin talking unless the analyst spoke first. He often had the frightening thought that he was going to be struck in the face . He was very distrustful. His apparent indifference, however, hid an extreme dependence. One day he appeared in new clothes. He said with some difficulty that the analyst might think that if he could afford new clothes he could pay for treatment. (He was a non-paying clinic patient.) This fear that the analyst might have terminated treatment because he did not pay was a repetition of an anxiety frequently endured in childhood when the foster-mother threatened to send him away if his own mother did not send her more money. The analyst was unconsciously pictured as the foster-mother who demanded thoughts, memories, and money.

It was equally difficult to make verbal contact with Mr. Z. He felt unable to discuss his homosexual problem because he was sure that any confessions he made would be used against him if he was by chance apprehended by the police. The cause of this attitude lay in his early dealings with his mother. When he had misbehaved himself she would induce him to confess and then punish him. She frequently humiliated him in front of his siblings. He often missed interviews and would never say why he had been away. His mother was the type of woman who always wanted to know where he had been and what he did. He was disconcerted when this behaviour was not forthcoming from the analyst. This patient rebelled against any type of conformity. He said that having to come to analysis each day was as bad as having to defaecate daily. He recalled being forced to sit on a pot for hours until he passed a stool. This made his withholding of information much more comprehensible.

Mr. Y differed from the other two in that he was most cooperative in the analysis and talked freely. He too had difficulties in entering into emotional relationships. This expressed itself in an exaggerated need for independence and an excessive fear of losing self-esteem. He had a brother three years older than himself. When he was three and a half years old another brother was born. He was on summer holidays at the time with his aunt and brother. After the birth of this sibling his mother appeared to lose all interest in him. Both at school and in later life he showed himself to be the outstanding member of the family, yet his mother paid little attention. Holiday breaks in the analysis were repetitions of the mother's withdrawal at the time of the brother's birth. With regularity preholiday interviews were taken up with associations concerning the brother, summer holidays, and symbolic allusions to birth both in thoughts and dreams. For example, here is a dream produced two or three days before a break in the analysis—' the patient, his landlady and younger brother are walking up a steep slope. It is rocky and slimy, at the bottom there seems to

be a wooden gate. His brother falls into a hole right up to his neck and is completely covered in mud.' The lack of interest on his mother's part must have resulted in a gradual libidinal withdrawal. In adult life he liked to give boys that attention and affection which he would have liked to have received from his mother. His transference affects indicated that he had suffered from a depression at the time of the sibling's birth. Much of his behaviour was a defence against the libidinal deprivation suffered at that time.

The childhood histories of the non-homosexual patients provided a striking contrast. There was a close relationship with both parents and siblings, with the exception of Mr. A who was an only child. Although the relationship with the mother was close it was by no means undisturbed. In two instances (Mr. B and Mr. C) rivalry with older brothers was an important factor in stirring up violent hostility against the mother. This was repressed, and only expressed itself indirectly during childhood years. In adult life this unconscious hostility was vented against all women. For example, Mr. C would lead women friends on only to disappoint them. His symptoms of impotence and ejaculatio praecox served to demonstrate contempt for his partner. This patient eventually realized that his soiling of the woman's genitals with semen was equivalent to urinating on her (1). At the age of 16 he urinated on the spot where he and a girl friend used to lie after she had given him up for another boy. The mother-relationship was further upset by sexual difficulties. In each case the mothers expressed disapproval of phallic sexuality and sexual curiosity in general. Mr. A related that because of his mother's attitude to his penis he gradually came to believe that it was something to be ashamed of. In later childhood she gave him strict instructions never to listen to boys who talked about sex. This resulted in an inhibition of sexual curiosity which lasted into early adult life. This particular inhibition was present in all three patients and could be related to prudish parental attitudes towards genital sexuality. The inhibition was reinforced by anxiety-laden phantasies of the vagina dentata and the like. Frank discussions about sex embarrassed and disgusted Mr. C, but if there happened to be an atmosphere of secrecy he was immediately interested. This repeated the situation in his home where there was no open acknowledgement of sexuality. Under such conditions the sexual (phallic, scoptophilic) drives had little opportunity to develop favourably.

In spite of these difficulties in the mother-relationship the patients did not abandon heterosexuality. Similar difficulties have already been referred to in the homosexual patients. More striking were the complaints of a lack of love and attention made by the homosexual patients. Mr. X stated that his happiest time as a small boy was when he was ill in hospital and enjoyed the attention of the nurses. Mr. Y recalled lying in bed crying, hoping that his mother would come and comfort him after she had been with his younger brother. However, even such experiences do not account for the development of homosexuality, as many patients are encountered who have enjoyed a favourable mother-relationship. It would seem that neither violent hostility against the mother, the repression of sexual drives, nor a chronically unhappy mother-relationship need lead to that specific narcissistic cathexis of the ego characteristic of the homosexual.

What is the significance of the excessive narcissism characteristic of the homosexual? Bychowski considers that this narcissism is pathological and leads to a weakening of the ego. He points out that the homosexual has to utilize primitive regressive methods in his attempts to make contact with objects—' like the dream, which is a thinking operation on an archaic level, homosexual perversion appears as an attempt at social experience on a regressive level ' (5). One instance of such regressive behaviour is the tendency to the narcissistic type of object choice. The over-investment of the ego with narcissistic libido has other repercussions on the function of the ego. In the case of both Mr. X and Mr. Y the increased narcissistic ego cathexis was accompanied by episodic alterations in the body ego boundaries. These alterations manifested themselves in attacks during which the patients felt their hands, fingers, lips, and sometimes legs and feet to be swollen up to a gigantic size. These sensations were accompanied by a feeling of intense anxiety. During the attacks the ego's capacity to test reality was partially lost. This was particularly pronounced if the eyes were kept closed, for it was then impossible to believe that the limbs were their normal size.

Mr. X experienced periods in the analysis when his reality testing became relatively defective. He relived traumatic episodes so intensely that it was difficult to make him aware

of the repetitive nature of his behaviour. Mr. X had great difficulty in talking in the analysis and he was quite unable to begin speaking. This was only possible when the analyst spoke first. One word, such as ' Well ', would be sufficient. This silence was the product of a condensation which was highly overdetermined. On the most superficial level the patient was obeying the command enforced at the Boy's Home of not speaking until he was spoken to. It was also due to a dread of betrayal. This had occurred in childhood when he had confided some minor misdemeanours to his foster-mother. The result was his removal to a Boy's Home. On a deeper level the silence expressed a means of gratification of oral and anal wishes. As a small child his foster-mother frequently punished him by refusing to give him anything to eat. An old lady who lived in the house would occasionally come to his rescue and give him a piece of cake. This would make him much happier. The analyst's opening remark symbolized the oral gift and enabled him to emerge from his state of withdrawal. The words also represented the soap which the foster-mother inserted into the anus, providing pleasure and producing defaecation. The silence was further reinforced by a fear of oral (verbal) intercourse. On the one hand, the analyst's words represented a partial gratification of passive oral and anal wishes (acted out in homosexual experiences of an oral and anal type), but, on the other hand, they were potentially dangerous. Mr. X had a phobia of food poisoning and, while undergoing hospitalization for investigation into a possible venereal infection, he refused to eat for fear of ingesting ' germs '. This phobia was partly caused by his experience, already mentioned, of having his face pushed into faeces. The silence was a means of avoiding any chance of a repetition of this trauma. Verbal incontinence may be rewarded by a similar punishment. Finally the ingestion of the analyst's words would result in a contaminating internal disease. This fear screened unconscious pregnancy wishes which the patient feared, and wished for, in his relationship with the analyst. Gradually Mr. X began to make the distinction between reality and phantasy with a considerable improvement in his general mental state. Mr. X and Mr. Z made free use of projection. At times the projective defences almost reached the level of deserving to be termed paranoid delusions. They were both extremely suspicious and Mr. Z felt himself to be persecuted and victimized.

Denial was best illustrated by Mr. Y, who stated that he had been in ignorance of menstruation until the age of 21. Thorner (21) has described a similar denial of menstruation in his account of a homosexual patient. Mr. Y's denial was intimately associated with the castration complex. He had the memory, which he knew must be false, that as a small boy he had seen a little girl's genitalia complete with penis and testes. Bychowski (6) has stated that the defence mechanisms most frequently encountered in analysing homosexuals are '. . . introjection leading to total identification, denial, turning against self, narcissistic withdrawal, and pseudosublimation.' When comparing the defence mechanisms of the two sets of patients Mr. Y resembled the non-homosexual patients much more closely than either Mr. X or Mr. Z. In general Mr. Y gave the impression of having a more intact ego than the other two. Denial of sexual knowledge was as pronounced with Mr. A as with Mr. Y, while reaction formation was as marked in Mr. C as in Mr. Y.

Homosexual patients of the type of Mr. X and Mr. Z reveal an ego which is not only less stable in its adjustment but employs more primitive defence measures, e.g. projection, to deal with internal and external dangers. This does not mean that all homosexual patients have an abnormal ego. The imprint of the oral and anal libidinal phases upon the ego was to be found equally among the homosexual and non-homosexual patients. Oral traits such as impatience, greed, and an inability to tolerate tension were equally pronounced in both Mr. C and Mr. X. Anal characteristics were to be found in almost every case. It is doubtful whether the concept of a typically ' homosexual ego ' could be upheld if sufficient homosexual patients were investigated psycho-analytically. The ego of many non-homosexuals and the defences employed are very similar to those of Mr. X and Mr. Z, while Mr. Y approximates to what may be termed a ' normal ' ego. Nunberg (18) has emphasized that the repetition compulsion is responsible for the continual reliving of early fixations which prevent the ego from making adjustments to reality in adult life. Mr. X and Mr. Z behaved both in the analysis and outside it as if they were reliving their unhappy early years. This made the management of the transference very difficult. Mr. X gradually became aware of the repetitive element in his behaviour, but Mr. Z never did, and broke off treatment after seven months. The reliving

of such early traumata leads to repetition in action rather than remembering and to the refusal of the patient to see the analyst as anything other than a malevolent persecutor.

Freud (12) has described how the ego is built as a result of identifications with the love objects, the parents. Gradually the love objects are given up as objects through which direct libidinal gratifications can be attained. Their image is placed within the ego, thus remaining forever as the object towards which the id impulses may be directed. This process of ego development (identification) is accompanied by desexualization of the libidinal drives. In this way are derived the aim-inhibited drives which are so necessary for effective interpersonal relationships. At the same time the capacity to sublimate, i.e. the displacement of the libidinal impulses to non-sexual aims, is developed. Love is the means whereby the child can renounce, for the mother's sake, many of the instinctual wishes whether libidinal or aggressive. The unhappy early life of so many homosexuals does not facilitate this renunciation. The capacity to displace the libidinal drives to non-sexual aims and the ability to sublimate is often gravely damaged. Aim-inhibited love, homo- or heterosexually directed, is defective. This no doubt accounts for the fact that the interpersonal relationships of certain homosexuals are always sexualized and consequently give rise to conflict. Identification occurs with the frustrating and disappointing love object, but this identification must be unstable on account of ambivalence. The failure to experience a satisfactory object libidinal relationship in early childhood must predispose to a narcissistic cathexis of the ego. This narcissistic cathexis is accompanied by a failure in the efficient development of the ego boundaries and the growing capacity for reality testing. Under normal circumstances the love object leads the child to a progressively improving awareness of reality and helps him to tolerate the painful frustrations which reality entails. The absence of such a love object predisposes towards a withdrawal rather than an advance towards reality. The tendency is to maintain a hazy, indefinite relationship with the external world which is always regarded as dangerous and destructive. Such an attitude encourages defence mechanisms like denial, reversal, and projection. The extent to which such defences operate will vary from patient to patient and depend to some degree upon the early life experiences.

Anna Freud has remarked (8) that the absence of a strong father may predispose to the development of homosexuality. It is a common observation among homosexual patients either that the father was absent in early childhood or was of little consequence in the home. This was the situation with the three homosexual patients. Mr. Z's father was always away on business and he rarely saw him; Mr. X was illegitimate, and Mr. Y's father played a minor rôle in domestic affairs. About puberty this patient had the phantasy that he could tell whether or not a boy was circumcised by his appearance when clothed. As has been mentioned he disliked boys who had been circumcised. During the analysis he had the following dream. ' He is standing in his pyjamas; a dirty-looking tramp peers through the window; he comes into the room and picks up a plain pen lying on the bed; in a contemptuous voice he says that his (the patient's) fountain pen is no good.' Apart from the transference references the patient's associations revealed that he was the onlooker and the tramp his father. The plain pen and the fountain pen symbolized the circumcised and uncircumcised penis respectively. It was the patient who was contemptuous of his father's circumcised penis. He recalled that he had always been dimly aware of the fact that his father was circumcised. Once he had discovered the circumcision he could no longer believe in his father's masculinity. He may have attributed his father's lack of dominance in the home to this anatomical ' defect '. Neither Mr. X nor Mr. Z came into intimate contact with adult males during their early childhood. Nevertheless the longing for the father was there. Mr. X remembered that as a small boy of about four or five while living with the foster-mother he was very jealous of a little girl, also boarded out, whose father visited her regularly and took her for a ride in his car. On one occasion the patient rushed out to the car and clung on to the door handle. A struggle ensued and he was dragged away screaming. During his analysis he often criticized men who abandoned their children. No doubt he had many unconscious phantasies of his absent father of the type described by Burlingham and Freud (4), but these were never unearthed. To what extent the patient's passive homosexual phase was an unconscious seeking for the father is problematical.

The situation was quite different with the three non-homosexual patients. Mr. A had phanta-

sies of gigantic genitalia. He often referred to the size of a stallion's or bull's penis. He would theorize as to why large animals are castrated. He presumed it was to make them less dangerous and more manageable. As a child he had preferred women to men. He found men rough and crude whereas women were soft and gentle. When he was eight years old a workman, whom he was irritating, threatened to castrate him. A workman was a suitable father substitute because he always remembered his father as rough in dress and manner although he was in fact kind and considerate. Mr. C had phantasies of a large black penis which could ' do plenty of damage '. In his case the penis was equated with the enema tube. Although the size of the father's penis frightened both Mr. A and Mr. C because of their passive anality, their admiration enabled them to aspire to, and identify with, this symbol of masculinity. The identification with a virile father leads to changes in the developing ego towards masculinity. The lack of such identifications, as occurs in homosexual patients, interferes with these trends and facilitates the hypertrophy of the feminine identifications in the ego.

Not all homosexual patients endure a childhood of continuous trauma and unhappiness. There must be a range extending from such extreme cases as Mr. X to instances such as Mr. Y. The end result will vary considerably. The more disturbed and traumatic the childhood the greater will be the defect of the ego. The abnormal ego is an obstacle to treatment. The patient employs all the manoeuvres he utilized in childhood to escape from his fear and unhappiness. He repeats both within and outside the analysis the emotional upheavals he suffered in his early years. He is beset with severe anxiety from the start. Often the analysis is broken off before it has properly begun. The narcissistic withdrawal acts as a barrier to the development of a sufficiently strong positive transference within the shelter of which the patient could tolerate unresolved conflicts, traumas, and the associated effects. The degree of ego defect may be the decisive factor in determining whether or not a homosexual patient can undertake and benefit from psycho-analytic treatment.

Summary

The clinical material presented here confirms Freud's views that there is nothing specific about the psychological factors to be found in cases of male homosexuality. The material also suggests that the ' masculine protest ' of homosexual patients has a defensive function protecting them from an underlying passive femininity of which they are afraid. In this they differ in no way from certain patients suffering from potency difficulties. It is unlikely that there is a specific ' homosexual ego '. The more disturbed the early childhood experiences the more abnormal will the ego be, and this need not be accompanied by manifest masculinity. It is equally possible, as has been seen, for homosexuality to occur in the presence of a relatively intact ego.

REFERENCES

(1) Abraham, K. (1917). ' Ejaculatio Praecox ', *Selected Papers on Psychoanalysis.* (London: Hogarth Press, 1942.)

(2) Brun, R. *General Theory of Neuroses.* (New York: International Universities Press, 1951.)

(3) Brunswick, R. M. ' The Pre-oedipal Phase of the Libido Development ', *Psychoanal. Quart.*, 1940, **9,** 293.

(4) Burlingham, D. and Freud, A. *Infants without Families.* (London: Allen & Unwin, 1944.)

(5) Bychowski, G. ' The Ego of Homosexuals ', *Int. J. Psycho-Anal.*, 1945, **26,** 114.

(6) —— ' The Structure of Homosexual Acting-Out ', *Psychoanal. Quart.*, 1954, **23,** 48.

(7) Ferenczi, S. (1914). ' The Nosology of Male Homosexuality ', *First Contributions to Psycho-Analysis.* (London: Hogarth Press, 1952.)

(8) Freud, A. ' Some Clinical Remarks Concerning the Treatment of Cases of Male Homosexuality ', *Int. J. Psycho-Anal.*, 1949, **30,** 195.

(9) Freud, S. (1905). *Three Essays on the Theory of Sexuality.* (London: Imago, 1949.)

(10) —— (1913). ' The Predisposition to Obsessional Neurosis ', *Collected Papers,* **2.** (London: Hogarth Press.)

(11) —— (1922). ' Certain Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality ', *Collected Papers,* **2.** (London: Hogarth Press.)

(12) —— (1923). *The Ego and the Id.* (London: Hogarth Press.)

(13) —— (1928). ' Dostoevsky and Parricide ', *Collected Papers,* **5.** (London: Hogarth Press.)

(14) —— (1926). *Inhibitions, Symptoms and Anxiety.* (London: Hogarth Press.)

(15) Lampl-de Groot, J. ' The Pre-oedipal Phase in the Development of the Male Child ', *Psychoanal. Study of the Child,* **2.** (New York: International Universities Press, 1946.)

(16). Lewinsky, E. ' Features from a Case of Homosexuality ', *Psychoanal. Quart.*, 1952, **21,** 344.

(17) NUNBERG, H. (1938). 'Homosexuality, Magic and Aggression', *Practice and Theory of Psychoanalysis*. (New York: Nervous and Mental Disease Monographs, 1948.)

(18) —— (1942). 'Ego Strength and Ego Weakness', *Practice and Theory of Psychoanalysis*. (New York: Nervous and Mental Disease Monographs, 1948.)

(19) —— 'Circumcision and Problems of Bisexuality', *Int. J. Psycho-Anal.*, 1947, **28**, 145.

(20) STERBA, E. 'Analysis of a Psychogenic Constipation in a Two-Year-Old', *Psychoanalytic Study of the Child*, **3/4**. (London: Imago, 1949.)

(21) THORNER, H. A. 'Notes on a Case of Male Homosexuality', *Int. J. Psycho-Anal.*, 1949, **30**, 31.

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A NOTE ON BLATHERING[1]

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'Blather' is the best verb found to identify an ego activity which may be described as 'a rapid, noisy, recurrent protrusion and withdrawal of the flattened relaxed tongue through moderately relaxed lips and jaws'. This description may be accurate but it may not really indicate what is meant. What is meant is . . . (the author illustrated the activity—the audience laughed).

The Plate[2] shows the lip and tongue movements during one cycle of blathering. The camera rate was sixty-four frames per second. Approximately eleven pictures constitute one cycle. The approximate rate of blathering in the illustration is 360 cycles per minute. Three counts of ten cycles each in the subject illustrated gave a rate ranging from 290 to 380 per minute. Three counts of ten cycles each in a second subject gave a rate ranging from 260 to 340 per minute.

Perhaps what happened in the audience when the author blathered illustrated the difficulty present during analysis. Words often do not convey sufficiently what is meant, whereas actually blathering as a part of an interpretation may convey what words cannot. Blathering may not be the best word to describe this activity. The O.E.D. defines blathering as 'to talk nonsense loquaciously or to cry loudly'. Nevertheless the word 'blather' suggests the movement I am talking about. In saying 'blather' loudly and repeatedly the tongue does tend to make a movement similar to that described. One important aspect of the activity is the freedom of the tongue in passing the lip margin rapidly and recurrently.

The instinctual basis of this activity appears to be libidinal. Blathering has been observed during analysis only after anxieties related both to aggressive tongue movements and to libidinal tongue movements have been worked through.

The fantasies associated with blathering concern sound, touch, and movement. The fantasies concerned with sound are of primitive, loving noises given out and taken in. The fantasies concerned with touch are about the breast or more specifically the nipple (*a*) as an internal object, (*b*) as identified with the tongue, gums, or lips, and (*c*) as contrasted with the tongue, gums, or lips. Fantasies concerned with the kinaesthesia of movement are related to the rapidity of the tongue movements. These movements are compared to licking, sucking, puking, spitting, the nipple, the breast, or milk.

The defences against the emergence of blathering are manifold and over-determined. The most specific symptoms of defence are fears of spitting and vomiting, slowness of tongue movements, roundness of the tongue and inability to flatten it, stiffness and anaesthesia of the lips, lack of sensitivity in the tongue, lips, etc. These symptoms appear to be mostly anxiety symptoms and to be due to repression.

Blathering may occur in infancy over a short or a long period, but is mostly present in the latter part of the first year or the first part of the second year. The adult ego-syntonic derivatives of blathering may be seen in free tongue and lip movement, speedy and easy speech, freedom from anxiety when being misunderstood or when being accused of talking nonsense, enjoyment of nonsense, freedom from anxiety during and ease of spitting, vomiting, etc. Adult symptoms related to blathering may be the reversal of any of these ego-syntonic activities, namely, restricted and difficult tongue and lip movement, slow and difficult speech, fear of being misunderstood, fear of making mistakes in speech, dislike of nonsense, fear of spitting, vomiting, etc.

The appearance of actual blathering or the appearance of a defence against blathering in the transference situation may be related to any of the defences already mentioned. A short description follows of an interview in which blathering appeared in a female patient of thirty-five. After two weeks' privately obtained analysis she became excited and was admitted to hospital for several months. On discharge after seven months she was treated as a hospital out-patient. The initial complaints when analysis began were fear of vomiting and anxiety while on her own, especially when away from her home. While in hospital her excitement showed manic and depressive features and many types of unreality feelings and hypochondriasis appeared. Four years later slowness of speech, tight lips, a round tongue, frequent slight movements of the tongue out of the mouth, combined with anxieties about talking nonsense, occurred in the setting of an early maternal transference situation. When her fear of blathering now and in infancy, due to

[1] Slightly modified from a short communication read before a meeting of the British Psycho-Analytical Society on 4 June, 1952.

[2] These pictures were taken in the Department of Clinical Research, Institute of Psychiatry, University of London, by Dr. P. Sainsbury. Work in this Department is partly supported by a grant from the Research Fund Allocation Committee of the Institute of Psychiatry.

ILLUSTRATION TO:
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[*Facing p.* 348

her mother's non-acceptance of it as a libidinal activity, was interpreted, her responses were, in the order in which they appeared, as follows:

(1) a pleasurable blather of three or four cycles;
(2) stammering speech;
(3) a fear that she would stammer all the time;
(4) tremulousness in her chest;
(5) anxious trembling in her abdomen;
(6) memories of abdominal hypochondriasis;
(7) trembling in arms and legs while she described (5) and (6).

At this point the spread of anxiety was interpreted both as the spread which occurred after blathering was first rejected and was neither returned nor reciprocated, and as the anxious spread of pleasurable feeling from mouth to chest, abdomen and general musculature, etc. I said she had wanted to blather more than three or four times and had wanted me to blather more. She was immediately relieved, blathered again, and said it was just like vomiting without being afraid.

Several weeks later she wrote the following: 'I showed you what I meant. You did it too and that seemed quite jolly (it's always jolly if someone else doesn't mind doing something silly). I tried to do it again but I couldn't. I don't know why except that it would have made me feel such a fool. The longer I couldn't or wouldn't, the more tied up I felt. The joy went out of things. I began to feel remote—a bit sad—I found I couldn't talk without falling over words. A minute later my tummy muscles began trembling, apparently independently of the rest of me. This seemed a new feeling and I couldn't quite believe it. Then I began to tremble all over, like I usually do after a panic. I began to get frightened and wondered how I could ward off the rising panic. You went on talking but I don't remember what you said. Were you saying that I had pushed it down and could bring it up if I wanted to? Anyway, it seemed like that, and I suddenly said "Is it just****? (rubbish noise)" and immediately the tension broke and I stopped trembling. I was surprised and relieved and felt as if something in me had been released.'

The first sentence of this quotation shows a reversal. She wrote: 'I showed you what I meant. You did it too . . .' In fact it was following my interpretation of anxiety about blathering, during which interpretation I blathered, that she was able to blather for the first time. She describes the situation more as she would have liked it to have been in childhood. She would have liked her mother or nurse to blather after she had blathered to them or at least after she had blathered without being seen or heard.

Balint's (1948) report of infantile sucking has, in my opinion, two important implications connected with what has been described, neither of which were discussed at length in his articles.

One implication is related to blathering. Balint showed that the speed of tongue movements in feeding might be very rapid and also that during one phase of feeding there may be a positive intra-oral pressure. During this phase milk is kept in the mouth by a sealing action of the gums and lips on the breast or nipple; otherwise there would be considerable leakage. His observations point to the need for more knowledge of the type of oesophageal movement accompanying such fast tongue movements. We should look for clinical evidence of recurrence of very fast oesophageal peristalsis in contrast to the slow adult peristalsis. The suggested hypothesis is that one later derivative of the early fast tongue movements during feeding described by Balint is what is here called blathering.

A second implication of Balint's work is that memories of the positive pressure phase of early feeding may be distinguishable from memories of the negative pressure sucking in later life. The positive pressure feeding and swallowing may be connected with a very different type of contact with nipple and breast. Memories which have a characteristic balance of introjective and projective fantasy may be allied to the positive pressure phase of feeding. Some memories seem to put more or less equal emphasis on 'taking in' and 'going into' the object fed upon. Blathering may be a derivative of the positive pressure phase of feeding rather than of the negative pressure phase. Smacking and kissing movements which have already been described in the literature may be derived rather from the negative pressure phase of feeding.

SUMMARY

Blathering may be a useful word to apply to a specific early, oral, libidinal activity and its connected fantasies. During interpretation of the transference situation, when blathering anxiety is unconsciously present, blathering, not as a word but as an act, may be useful.

REFERENCE

BALINT, M. *J. Genetic Psychology*, 1948, **73**, 57 and 81.

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ON DETERMINISM

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The concept of psychic determinism has played from the very first a decisive rôle in psychoanalysis. The way in which Freud looked upon most psychic, and especially psychopathological, phenomena was different from that of his predecessors.

The concept of determinism is, naturally, as old as human thinking. It might even be said that it came into being together with causal thinking, or even that it was the first form of logical thought. It is hardly possible for us to form an idea of the genesis of thinking, because it is self-evident that we can think only ' thinkingly '.

It may be possible to draw a comparison with early manifestations of the logical (causal) thinking of the young child. These are, at a very early stage, already associated with a continuous asking for the reason ' why ', which may sometimes become a kind of compulsive questioning. Children ask many more questions than the most clever of adults can answer, e.g. ' Where does the flame go after it is extinguished? ', ' Why does one see oneself in a mirror? ', etc. Such compulsive questioning often occurs in children at the period when they discover the difference between the sexes, but do not understand its significance, or when they are uncertain about the rôle played by the father in the genesis of the mother's pregnancy and, consequently, in the arrival of a sibling.

Adults, even those who believe that they take up a completely free attitude in regard to sexual problems, often betray, quite unconsciously, a certain embarrassment by the way in which they answer such questions. They may thus establish a kind of ' prohibitive barrier ' (*Verbotschranke*), although their *words* contain the real truth. The child's question ' Can I have a sandwich? ' usually receives an answer given quite differently from that elicited by the inquiry: ' Mummy (or Daddy), could I see you naked? ' or ' Why is my sister different from my brother? ' or ' Where do children come from? '. In other words, the disappointments experienced by the child when asking about the how and why of sexual problems, bring about a shifting to other fields of the impulse to ask. The *Wissensdrang* (craving for knowledge), the need for causality, comes into existence.

Thus it is impossible for us, as a rule, to track down the process of development of the need for causality in mankind. It is, however, possible to observe that development ontologically (in the young child).

Perhaps the myth of Adam and Eve also shows us the way by which causal thinking came into being. According to this story, the original human pair knew nothing at first of the difference of the sexes. It was their eating of the apple from the ' tree of knowledge ' which supplied them with the relevant information and with knowledge in general. In this story, too, the development of knowing, of recognition, is associated with the discovery of the difference in sex and of sexuality. Now Man wants to know, he thinks about and asks for the ' why ' and ' how '. In earlier times the genesis of everything is attributed to the omnipotent God, whose power is responsible for all that happens. Simple processes, such as the formation of clouds, rain, the occurrence of epidemics, etc., are willed and caused by God (or the gods) and thus, to primitive Man, everything is accounted for. He finds himself in the stage of a strictly brought-up child, who, when he asks, ' Why must I put on my overcoat? ' accepts the parents' answer: ' Don't ask such stupid questions. *I* want you to put it on.'

Of course, there are contrary children, who are not satisfied with this parental answer. Likewise there must have been, in earlier days, rebellious sons who were unwilling to accept the dictatorial God. They began to think and to search for explanations for themselves, and so deprived the ' God ' of part at least of His Omnipotence. The present status of our knowledge forces us to bear in mind, always and in every field, that we are successful in depriving the so-called God of only a *part* of His power, or, in other words, that Science is able only to reduce the scope of the mystery to some extent, and not to make it vanish.

The determination of psychopathological phenomena was looked for, in the pre-analytic era, either in somatic processes only or in the machinations of gods or devils. In discovering the unconscious life of the psyche, Freud made an entirely new and highly important contribution to the explanation of abnormal *and* of normal phenomena.

However, little able as we are at present to explain fully the simple phenomenon of rain (attributing it no longer to God's will, but to a number of physical processes), can we hold the view that Freud, by his discoveries, has fully accounted for the entire psychic process? Here, too, he robbed the Mystery of part of its power.

Not so long ago, investigators, at first in physics, later in psychology as well, became engrossed in a branch of science which suggested to many that, besides determinism, another factor might play a part, one that had nothing to do with the laws of causality, viz. the theory of probability. It was believed that something entirely new had been discovered, a factor operating independently of any determinism, a kind of occult, secret force. This may help to account for the fact that we form an idea of the laws of probability which is either vague or too exact.

To cite a simple example. We toss a coin in the air; it falls on the ground, ' heads ' or ' tails '. According to our conception of probability, heads turns up as frequently as tails. If we were to perform the same action a million times, heads would come up 500,000 times, and so would tails. If this did in fact happen, we should really be compelled to speak of some secret force bringing about this mysterious event. Actually, however, things are quite different. Heads may turn up far more frequently than tails, or the reverse.

We know by experience that the fluctuations in the numbers do not exceed a certain limit. In medicine we are accustomed to work with probabilities, e.g. the mortality from typhoid fever is x per cent. If we study a very large number of cases, we always meet with the same percentage. Broadly speaking, this is correct; it is not correct, however, upon closer examination, for then we find, e.g. in one study, a case mortality rate of 10·35 per cent, in a second study one of 10·15 per cent. We then speak of a mortality of 10 per cent. The same holds good for all statistical calculations: they are correct only in a gross sense.

Let us now study the following train of thought: What will happen if we let a process run its course several times in exactly the same way? The problem itself is wrongly stated, for it is impossible for us to make a series of events repeat itself exactly. Let us imagine a particularly good marksman shooting at a target with a rifle. We are not a bit astonished when even the best of shots does not invariably hit the same spot. Now we change the experiment: the rifle is fixed in a concrete wall, and once again we shoot at the target. The points of impact will now lie much closer to each other, but even so they will not entirely coincide. Upon microscopic examination of the target we could see the scattering clearly. Our error lay in supposing that we could bring about an absolute similarity. It is impossible, for instance, to make a number of bullets whose explosive charge is precisely equal; the layers of air through which the bullets fly are not exactly the same in both cases; the temperature of the rifle barrel is not constant, and so on.

On close examination it becomes obvious that we can never speak of absolutely equivalent conditions in two or more experiments, but only of approximately equivalent ones. Consequently, all laws of probability are only approximately true; they are never absolutely valid. They are influenced and determined by other, variable factors. Logically, we must assume that the latter do not vary ' at random ', but are in turn influenced by decisive extrinsic factors.

Thus we arrive at the conclusion that the process of determinism is not abolished by the laws of probability. Here too, determining factors play a decisive part, although in certain instances our present limitations of perception do not permit us to observe these factors. In *The Course of Natural Science in the Light of Psycho-Analysis* [1] Sandor Rado wrote: ' You have heard of the Galton Board and how it is used in the Tivoli game. Nails fixed in rows are arranged on this board, in such a manner that they are equidistant. Circular discs exactly corresponding in size to the distance between the nails are on the board. We now start the following experiment: we make a large number of such discs fall from between two of the uppermost nails. We ask the expert what

[1] Summarized in Bulletin of the International Psycho-Analytical Association (*Int. J. Psycho-Anal.*, **4**, 1923, 362).

the distribution of the discs arriving in the lowest rows will be, according to the laws of classical mechanics. He will not be able to answer this question, although it refers to a simple phenomenon of movement of measurable means. "The result of this experiment", Mieses reassures us, "cannot be deduced from the laws of classical mechanics; moreover we have no conception how such a deduction should be arrived at." In mechanics the problem can be idealized by assuming that board and discs are ideally perfect: the board ideally flat, the nails and the distances ideally identical in size, the discs ideally circular, etc.; yet still the predictions will prove futile because the final result of the experiment will depend on the innumerable small details which have been excluded when making the assumptions. Mathematical accuracy in this experiment is out of the question: how can one produce the innumerable data and deal with the equally innumerable mathematical processes involved? What would be the use of intending to save determinism "in principle"; were we to say that the paths of the discs are definitely determined if the conditions from the beginning to the end of the experiment are known, we should have to add that there is no hope of ever knowing them exactly and completely. By arguing in this way we could never prove the reality of our data, and we should arrive at a dogmatic belief instead of some form of scientific result. It would be much more honest and closer to the truth if we were to expect the paths of the discs to be accidental, and then the new question at once arises, how the properties of such accidental events can be studied.'

In this example, Rado wants to preclude the possibility of determinism. In our opinion, however, it is far more rational to presuppose, in this event also, a determination of the various factors, even though we are unable, as yet, to prove our point.

In this connection, we now propose to examine more closely the analyses of associations and dreams relating to numbers, advanced by Freud as evidence for psychic determinism.

It is my experience that in Austria, and perhaps in other countries as well, dreams about numbers have for a great many people a very special significance. Numbers dreamt of are used in a prophetic way, e.g. are staked on in the lottery; people feel convinced that they are bound to win. This use of dreams of numbers is not important for us. We endeavour to interpret numbers which occur in dreams as we do other dream-elements, and if we are successful in finding connections between the numbers and other psychic contents, we often succeed in disclosing the factors determining the choice of the numbers. But what of numbers that occur to us spontaneously or that we produce in answer to someone's request?

Freud describes the analysis of a spontaneous thought of a number.

'In a letter to a friend I informed him that I had finished reading the proof-sheets of *The Interpretation of Dreams*, and that I did not intend to make any further changes in it, "even if it contained 2,467 mistakes". I immediately attempted to explain to myself the number, and added this little analysis as a postscript to the letter. It will be best to quote it now as I wrote it when I caught myself in this transaction.

'"I will add hastily another contribution to the *Psychopathology of Everyday Life*. You will find in the letter the number 2,467 as a jocose and arbitrary estimation of the number of errors that may be found in the dream-book. I meant to write: no matter how large the number might be, and this one presented itself. But there is nothing arbitrary or undetermined in the psychic life. You will therefore rightly suppose that the unconscious hastened to determine the number which was liberated by consciousness. Just previous to this I had read in the paper that General E. M. had been retired as Inspector-General of Ordnance. You must know that I am interested in this man. While I was serving as military medical student, he, then a colonel, once came into the hospital and said to the physician: 'You must make me well in eight days, as I have some work to do for which the Emperor is waiting.'

'"At that time I decided to follow this man's career, and just think, to-day (1899) he is at the end of it—Inspector-General of Ordnance and already retired. I wished to figure out in what time he had covered this road, and assumed that I had seen him in the hospital in 1882. That would make 17 years. I related this to my wife, and she remarked, 'Then you, too, should be retired.' And I protested, 'The Lord forbid!' After this conversation I seated myself at the table to write to you. The previous train of thought continued, and for good reason. The figuring was incorrect; I had a definite recollection of the circumstances in my mind. I had celebrated my coming of age, my 24th birthday, in the military prison (for being absent without

permission). Therefore I must have seen him in 1880, which makes it 19 years ago. You then have the number 24 in 2,467! Now take the number that represents my age, 43, and add 24 years to it and you get 67! That is, to the question whether I wished to retire I had expressed the wish to work 24 more years. Obviously I am annoyed that in the interval during which I followed Colonel M. I have not accomplished much myself, and still there is a sort of triumph in the fact that he is already finished, while I still have all before me. Thus we may justly say that not even the unintentionally thrown-out number 2,467 lacks its determination from the unconscious." '

It is difficult for us to verify the correctness of this analysis, because we do not know what Freud may have omitted for reasons of discretion. The example is not entirely convincing, at least it is not so to me. A possible error may lie in the fact that in analysing associations relating to numbers we are so often satisfied with finding a reason why a particular number cropped up. The technique of such an investigation could be compared with a dream analysis in which we were to be satisfied with the interpretation of the day's residues. I may cite as an example the wolf dream of Freud's patient: in this technique the explanation of the wolf dream would be given by finding that it was dreamt before Christmas and in anticipation of the Christmas tree.

The complicated arithmetical operations that sometimes occur in number associations are particularly striking. I have never observed such operations, either in my patients or in myself. At the period in which Freud expressed these thoughts, he was still strongly influenced by Fliess. We know, from the Fliess Letters, how strong Fliess' tendency was to work with numbers, in connection with his theory of periods. By means of addition, subtraction, multiplication, division, etc., he always managed to have the numbers fit in with his ' periods ' of 23 or 28.

There are people who have a special addiction to puns and plays on words. Perhaps there are also people who possess a special faculty for playing with numbers, and the series of associations relating to numbers described by Freud are, in these types, possibly more significant than in other persons.

Freud quotes a paper of Jung on the dream of numbers (*Zentralblatt*, I, p. 567). Jung writes about a patient who dreams of the number 2,477; this number was thought to result from the fact that, in his dream, the patient had added the dates of eight different birthdays to his own age and that of his lady friend.

Although Jung casts a sceptical eye upon this example (and on others, too), one gets, on reading this paper, a slightly peculiar sensation of discomfort and doubt as to the exactness of his observations and presentations. However this may be, the paper cannot strengthen our belief in the psychic determinism of all number associations.

I now propose to quote something from Bleuler's highly interesting book, *Das autistische undisziplinierte Denken in der Medizin.* You will perhaps remember Freud's analysis of the word ' a-liquis ' in the *Psychopathology of Everyday Life.* Bleuler examined 100,000 associations of word-divisions. In normal people he *never* came across a word-division similar to the one in Freud's example of ' aliquis '. Bleuler infers that in the Freudian division into ' a ' and ' liquis ' chance is practically excluded, and he believes that we are justified in accepting Freud's determined explanation. Associations relating to numbers, however, are different. Usually we are dealing with numbers consisting of one or two digits. The probability of somebody's thinking of a given number is, in numbers of two digits, one in ninety. For one-digit numbers that probability is only one in nine. Chance can thus play a far more important rôle.

In all likelihood, numbers have, to us, far less psychic significance than have words, presumably because they are a much more recent invention of mankind.

Originally, there will have been a differentiation only between ' one ' and ' many '. In the course of time, this ' many ' became more differentiated. The concepts of large numbers are relatively very young. In associations of a few letters, chance plays a greater part than in word associations. There are only 26 letters at our disposal (at least in our alphabet), whereas we can think of an enormous number of words and combinations of words.

We could think of the following experiments:

(*a*) A very large number of people are asked to mention any number of one digit or any letter. If the number of test subjects is large enough, all digits or letters will appear with approximately the same frequency.

(*b*) An unmusical subject is asked to touch various keys of the piano, one after

another. It is impossible then to demonstrate any psychic determinism.

These experiments took place in accordance with the laws of probability. As we showed at the outset, we must, here again, accept determinism. There will be factors determining why one subject mentions *a* and another *b*, though in most instances we are unable to discover these factors with our present analytical methods.

Thus we are not justified in looking for this form of determinism in the psychic realm alone. We do not know as yet which factors do play a part. Recent investigations point to electric processes in the brain.

SUMMARY

I have tried to demonstrate: (i) that the law of probability does not refute the problem of the determinism of psychic phenomena; (ii) that there are, however, psychic phenomena which are unjustly considered by us to be exclusively *psychically* determined, whose determining factors we have been unable so far to disclose completely. Thus we can only investigate them, for the time being, along the lines of the laws of probability.

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A NOTE ON THE COMPATIBILITY OF PSYCHIC DETERMINISM AND FREEDOM OF WILL

By SAMUEL D. LIPTON, M.D., Chicago, Ill.

Although the concept of psychic determinism is generally accepted without qualification as an aspect of scientific causality, it sometimes appears difficult to reconcile it with the feeling of freedom of will. One of Freud's (1) statements about this was to the effect that the belief in psychic freedom is deep-rooted but unscientific, and that ' it must give ground before the claims of a determinism which governs even mental life '. This was written before he introduced the structural point of view, and the purpose of this brief note is to mention that the recognition of the subsequently-developed concept of intra-systemic differentiation of function within the ego permits an understanding of the concurrent existence of both concepts without either giving one up, as Freud suggests, or making any compromise with determinism, such as, for example, Glover's (2). The latter writes that the ' concept of psychic determinism is one that usually provokes discomfort in the minds of laymen as well as metaphysicians ', and goes on to suggest that the difficulty can be overcome by remembering that in so far as the ego gains mastery over unconscious impulses, ' it may rightly claim it has acquired some " freed-will " '.

The feeling of freedom of will seems to be one of the subjective sensations of the normal ego, originating, presumably, in the awareness of the ego's mastery over unconscious impulses. The feeling persists despite the intellectual acquisition of the principle of causality; even the subsequent analysis of a specific action felt to be freely chosen does not dispel the feeling. For example, one may choose a number at random, analyse its determinants by means of free association, yet still retain the feeling that the number was chosen at random, and, of course, retain the feeling that one is again free to make a random choice. Conversely, reactions outside the range of the feeling of freewill are commonly felt as symptoms or other types of ego-dystonic intrusions.

It follows that the concept of psychic determinism is foreign and repugnant to the aspect of the ego which senses its own functioning and integrity as foreign as the id, of which determinism is the intellectual representative, and subject to a similar repression. The concept can be accepted only by the intellectual faculty of the ego, which has the capacity to stand apart from its sensation of its own functioning; in other words, the concept can command only intellectual, and not emotional, validity. In other fields of science there are many such concepts which depend exclusively on intellectual validation and cannot be felt, but in psycho-analysis we know that that type of validation is ordinarily insufficient. It is perhaps, uniquely, determinism which we can experience no more deeply. A feeling of determinism, in distinction to an intellectual conviction, may indeed exist in various forms, but only as an ephemeral or lasting disturbance in ego function.

The presence of such disturbances can lead to the hypothesis that a feeling equivalent to determinism is genetically more primitive than the feeling of freedom of will, but still the understanding of causality is a later intellectual acquisition.

Therefore, in the light of the differentiation of ego function, it may be said that an individual necessarily has a feeling of freedom of will as a consequence of normal ego function, and can at the same time maintain an intellectual conviction of the unqualified validity of psychic determinism.

After this note was submitted for publication, my attention was called to Dr. Robert P. Knight's paper, published in 1946 (3), and I read it for the first time. Dr. Knight has undertaken a much broader discussion of free will and determinism and important questions to which these concepts relate. In so far as Knight's conclusions relate to the limited area of this note, they are the same, though differently expressed. All that the note can add is a

reformulation; an explicit statement on intra-systemic differentiation of function, a point which is clearly implicit in Knight's paper; and the suggestion of a specific reason for the difficulty this question causes in psycho-analysis.

REFERENCES

(1) Freud, S. *A General Introduction to Psychoanalysis*. (New York: Garden City Publishing Co., 1943, p. 95.)

(2) Glover, E. *Psychoanalysis*. (London: Staples Press, 2nd Ed., 1949, p. 92.)

(3) 'Determinism, "Freedom", and Psychotherapy', *Psychiatry*, August, 1946, **9**, 251–62. (Also in *Psychoanalytic Psychiatry and Psychology*. (International Universities Press.).)

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ERRATUM

Volume XXXV (1954), page 437: Abstracts Contents: second line: instead of *The Psychoanalytic Quarterly*, **22,** 1953, Nos. 1–3, *read* Nos. 1–2.

BOOK REVIEWS

The Mind and the Eye: A Study of the Biologist's Standpoint, with Bibliography and Index. By Agnes Arber. (Cambridge University Press, 1954. Pp. 146. 16*s*.)

Psycho-analysts will enjoy this short book by a botanist. The author brings together her views on scientific method and aim, language in its relation to non-verbal thought, and the relation between the scientist's unconscious ideas and his scientific findings. Her bibliography is long and many new sources of earlier work may be suggested, especially to those whose interest is ego psychology.

W. Clifford M. Scott.

The Doors of Perception. By Aldous Huxley. (London: Chatto and Windus, 1954. Pp. 63. 6*s*.)

In this short book Mr. Aldous Huxley describes his own experiences after taking four-tenths of a gramme of mescalin. These, exhilarating and rewarding for him, are extremely interesting and vividly recounted, as one would expect from such a brilliant writer. For this alone the book is worth reading. There is, furthermore, a fascinating dissertation upon the folds of drapery; as well as an excellent account of the artist's relation to this subject. It is a pity that Mr. Huxley did not stop here and leave this as a statement of his own experiment. Mr. Huxley, however, is interested in mescalin itself, its history, its relation to schizophrenia, and especially its possible benefits to humanity. His subject is therefore wide and general, and not all the problems he touches upon can be referred to in this review.

He feels that previous investigators of mescalin have stopped at a point ' well this side of idolatry '. Whether he himself has, is open to question. It is not enough to generalize from one's own experience, and this is what he has done. Others, normal subjects, have taken comparable amounts of mescalin, and had quite different results from those of Mr. Huxley. Some have had extremely disturbing and unpleasant ones. Dr. Guttmann gave a comprehensive account of the drug's effects in 1936 (*Journal of Mental Science*, **82**). This was based on personal observations on sixty subjects, mostly normal. Since then, there have been further accounts of the drug's effects on normal subjects, confirming the variable response. Dr. Guttmann, after mentioning the physical symptoms (such as mydriasis, rapid pulse, raised blood pressure, nausea, or vomiting) goes on to list the chief effects—the well-known hallucinatory and perceptual disturbances, the changes in mood, the splitting of the personality, and disturbances of volition (with lack of impulse and spontaneity), of thinking, and its anaphrodisiac effect—sexual ideas playing no special rôle in the experiences. Mr. Huxley's account of the drug's effects is incomplete and certainly misleading.

Mr. Huxley then considers perception and says how often perceptions are restricted. He has high hopes that mescalin might increase awareness of one's inner and outer worlds, not only during intoxication but afterwards. It is strange at this stage that he says nothing of psycho-analysis. The revealing and sometimes dramatic alterations in perception that occur from time to time during analysis are extremely interesting and often of great value; especially when an understanding of how unconscious factors concerned with instinct and relationship have produced such an alteration of perception. This aspect is altogether omitted from the present account.

In conclusion, as long as this book is accepted as a first-rate account of one individual's experiment, it is strongly recommended. It is, however, misleading as an account of the psychiatric effects of the drug. The author's expectations of mescalin are founded on his wishes and not on a scientific basis. One wonders why there is such a severe attack on accohol. An example of the beneficial effects of mescalin is given, namely the devout and well-behaved Peyotists of the Native American Church. It is doubtful, however, if their behaviour can be attributed to taking of the drug. Mr. Huxley seems more at home with mystical experiences or chemical theories, and he avoids the problems of man's instincts and his relationships which are certainly not solved, and perhaps not even helped, by mescalin.

H. E. W. Hardenberg.

Medical Psychology. By Paul Schilder. Trans. and ed. by David Rapaport. (New York: International Universities Press, 1954. Pp. 418. $7.50.)

This is the first English translation of a book written in 1923. In his preface Schilder says that he is attempting to integrate phenomenology, experimental psychology, brain pathology, and psychoanalysis, and in this, to some extent, he succeeds; although he may convince the psycho-analyst of the unity of the whole nervous and psychic apparatus more easily than his other readers.

The book may be divided into two main parts, the first of which is concerned with the theory of perception, action and language, and memory. The

main theme of this part of the book is that psychic acts are, and remain, achievements of the total personality even when the course of psychic processes is altered by brain lesion. His views are of special importance to-day when so many psychiatrists turn to leucotomy for psychiatric treatment.

The second part of the book is concerned with instincts and the ego, and as such is more concerned with psycho-analysis. Even at this relatively early stage in psycho-analytic knowledge, Schilder's emphasis was on object-relationships; particularly interesting are his remarks on ego functioning, especially in relation to depersonalization, which he believed to be one of the nuclear problems of psychopathology. Of more than historical interest are his speculations about the nature of empathy. When he speaks about the nature of apprehension (in the sense of knowing) he tries to link projection and identification, and appears to be moving towards the concept of projective identification.

A good example of Schilder's capacity for stimulating thought is the chapter on geniuses and their creativity, especially in relation to the phenomena of religious conversion.

One's reaction to this book as a whole is admiration for the erudition of the author and for his consistent approach to problems which must have seemed so much more difficult thirty years ago. Although at times difficult to follow, it should be read by every psychiatrist and student of psychoanalysis.

H. S. Klein.

Maternal Dependency and Schizophrenia. Mothers and Daughters in a Therapeutic Group. A Group-Analytic Study. By Joseph Abrahams and Edith Varon. (New York: International Universities Press Inc., 1953. Pp. 240. $4.00.)

This is the report of a highly original research carried out at St. Elizabeth's Hospital, Washington, as part of the Group Psychotherapy Project sponsored by the Veterans Administration. The authors conducted over a period of two years a group of eight, made up of four pairs of mothers and daughters. The daughters were young or adolescent women, chronically ill with schizophrenia, and in-patients of the hospital. They met, as a group, once a week for one hour, with their visiting mothers and the doctor and a research psychiatric social worker. The events of each session were thoroughly discussed by the psychiatrist and the P.S.W. and were recorded at the time. The technique used in utilizing the deep emotional involvement of therapist and observer is bold and exemplary.

The most important result is the emotional significance of the parents, especially the mother's dependence on the child for the genesis of the illness. Two fathers died from heart attacks during the period concerned.

The authors devote their first chapter to their approach to the investigation. Chapter II describes the mother-daughter pairs, and Chapter III, the longest chapter in the book, presents the development of the group through its various phases. There follows an analytical summary of the group's development and the mother-daughter relationship, and finally the authors give their conclusions.

This is a piece of work of the utmost interest for the problems of schizophrenic illness and at the same time a beautiful illustration of the value of group-analytic observation. The presentation is quite excellent.

S. H. Foulkes.

Steps in Psychotherapy. By J. Dollard, F. Auld, and A. M. White. Edited by Dael Wolfle. (New York: Macmillan, 1953. Pp. 222. $3.50.)

The authors describe the treatment of a patient who was suffering from attacks of depression, a feeling of hopelessness, and much weeping; in short, a neurotic depressive reaction. The therapy is stated to have been conducted under the two stars of Freudian psychopathology and reinforcement-learning-theory. The former provided the power and the latter the precision of the procedure. It was a short-term technique, designated by the authors brief psychotherapy, which, according to their definition, is treatment lasting from six to thirty hours.

The authors do more, however, than describe the treatment, as they show exactly how a student psychotherapist was supervised and trained by an experienced teacher and colleague. The title of the book is an apposite one, as indeed the procedure was conducted by steps, the left foot forward being the student therapist's session with the patient, and the right the supervision session. At each such interview a sound recording of all that was said by the patient and student therapist was played over in the presence of student and supervisor. Such supervision, conducted in a precise and tight-reined way, imposes considerable stress upon the student therapist, as it threatens him with criticism which might well paralyze his initiative. In this case, however, the helpful approach of the supervisor and the stability of the student therapist combine to produce steady progress.

Though the technique of free association was used, the therapy was pushed forward by ' labelling ', a term used by the authors to describe the providing of words and sentences by the therapist, and the linking of them to the vague but intense, inarticulate feelings of the patient. Psycho-analysis is much more comprehensive than the treatment described, but in such treatment there was the same emphasis upon the study of problems brought forward in the session, in the light of their origins. In other words due importance was given to the present as the re-enactment of the past. In so short a time, it was quite impossible to carry back the linkage

as far as would have been desirable. The authors frankly admit this.

Transference is recognized, but in so short a time there was no opportunity for it to play as central a part as it does in psycho-analysis. No amount of precis work could condense an epic poem into a sonnet. Something had to be sacrificed, but both epic and sonnet have their appropriate places in literature. The brief psychotherapy here described has something of sonnet elegance in its planning and in the inexorable progress over seventeen sessions to a conclusion, incomplete, yet in its way successful, as follow-up one year later showed so plainly.

Even if the result happened to have been a lucky or even a fortuitous one, the authors, by their adherence to the advice given by Freud to Van Ophuijsen to set aside therapeutic ambitions and try to understand what is happening, have taught us a great deal. This book gives a valuable lead in the quest for short-term technique, and not the least of its merit lies in the fact that there has been no relinquishment of scientific discipline.

The weakest part of the work is the section on psychological tests carried out on the patient and their interpretation by two different psychologists. The conclusion that such psychological ' pointers ' were of little value in this particular case does not help us, as no generalization is possible from one case, a fact admitted by the authors. Perhaps they include these reports only for completeness, or perhaps they wished to provoke further investigation into the usefulness and reliability of such tests.

A. Hyatt Williams.

Group Psychotherapy. Studies in Methodology of Research and Therapy. By Florence B. Powdermaker, Jerome D. Frank, and others. (Cambridge, Mass.: Harvard University Press. London: Geoffrey Cumberlege, 1953. Pp. 615. 42*s.*)

This account of a research project is presented in two sections: the first is concerned with groups of neurotic patients at the Veterans Administration's Mental Hygiene Clinic in Washington, D.C., and the other with chronic schizophrenic patients at the Veterans Administration's Hospital at Perry Point, from July 1947 to May 1949. The research staff concerned with both parts consisted of four psychiatrists, five clinical psychologists, and two psychiatric social workers, apart from a further twenty psychiatrists in charge of groups.

The therapy was analytic in orientation, and its goals those of psychotherapy in general. The dynamics of group interaction in its relation to therapy was a special feature of the research. Each psychiatrist used his own approach, but as the project developed the different approaches tended to converge.

The groups lasted one and a half hours, and were attended by a (mostly silent) observer who prepared narrative reports of each meeting. This was found to be the most suitable form of recording, but wire recordings (with an unconcealed microphone) were also used. After discussion between the doctor and the observer, summaries of the meetings were prepared. The aim of developing an objective method of studying group therapy led to the isolation of specific problems as experienced by the therapist. A form of ' situation analysis ' was devised to sift the vast material and to bring out cause and effect relationships.

The groups of neurotic clinic patients were open ones over relatively short periods (three to nineteen months). Attendances were rather irregular, averaging five patients. A large proportion received individual psychotherapy as well. In 27 per cent of the patients who improved under combined individual and group psychotherapy, the doctors considered that the main weight of the therapy had been carried by the group in spite of the more intensive contact in individual sessions. For another 13 per cent both types of therapy were considered of equal importance, and in about 40 per cent group therapy was judged to be an important factor in their improvement. Many patients left the group treatment.

The account is rich in illustrative material from group observations. Early and late meetings during the treatment course are compared. A valuable study is that of the changes in tension in relation to the themes. There are chapters dealing, amongst other points, with hostility towards the doctor, antagonism between group members, introduction of new members, the relations between individual and group therapy, and different kinds of resistance.

The groups of schizophrenic patients were very large ones, ten to fifteen patients being considered optimal, and other treatments were given concurrently. Interpersonal relationships were considered as of fundamental importance. The doctor's acceptance of hostility and the absence of any retaliation were also of particular import. Sexual acting out (masturbation, exposure) was only a problem for the group if it was a problem for the doctor.

A very large group of eighty-seven schizophrenics was studied for one and a half years and is also reported on mainly as showing an efficient method of preparation for individual therapy or small groups.

The presentation of this report is altogether excellent, and it provides an abundance of information of great interest to group psychotherapists.

S. H. Foulkes.

Group Work with the Aged. By Susan H. Kubie and Gertrude Landau. (New York: International Universities Press, 1953. Pp. 214. $3.50.)

This book gives an account of the first nine years of the Wm. Hodson Community Centre (in U.S.A.), a day recreation club for elderly men and women.

It is of considerable interest, and the style is

clear, restrained, and conveys a sense of warmth and affectionate respect for the subjects described, combined with the obvious sincerity which has enabled the workers to succeed in their pioneer field. It is written in non-technical language that can appeal to the general reader, but contains much thought and psychological understanding.

Although one of the most interesting chapters describes the group feeling that influences the ' non-participating members ' (stimulating a crippled and frail old woman to make the arduous journey regularly just to sit among her fellows), nevertheless most of the book is concerned with describing a multitude of activities—craftwork, poetry, music, drama, discussions, self-government, etc. The contention is well supported that ' change and growth have no age limits '.

The Centre has the aim of ' restoring to the old the right to live life to the end with the fullest opportunity to use one's capacity '. At this Centre aged men and women learn new skills and form new relationships and social adjustments at their own pace, under the influence of interacting forces among a group of their contemporaries, combined with the skilled help of younger trained social workers. The power to learn, to change, and to develop was observed not only in the well educated of wide experience but also, and very strikingly, in men and women of poor education who had lived narrow lives and were suffering deprivation of familiar relationships (immigrants, etc.).

Many examples are given to elucidate the descriptions, and the same names recur in different sections. Unfortunately the absence of an index prevents one following any case through. This book should be recommended to all concerned in group work with the elderly, and it is to be hoped there will be new and expanded editions including an index.

Marjorie E. Franklin.

Essays on Sociology and Social Psychology. By Karl Mannheim. Edited by P. Kecskemeti. (London: Routledge and Kegan Paul, 1953. Pp. 310. 25*s*.)

With this the second volume, we now have in volume form all the shorter papers written by Professor Karl Mannheim. It contains a number of papers published elsewhere, but also four unpublished lectures on ' Planned Society and the Problem of Human Personality ', originally given at Oxford. The psycho-analyst will find much to interest him, particularly in these lectures and more generally throughout the volume.

A major aspect of Mannheim's contribution to sociology concerns the sociology of knowledge, the main thesis of which is that ideas emerge and develop in response to, and are determined by, their socio-historical situation. Mannheim stressed that a particular perception of social reality will be determined by the social position from which it is viewed, and will vary with different social and historical settings. Part I of this volume with the important chapter on ' Conservative Thought ' illustrates this type of sociological approach.

It is thus relevant to note than Mannheim himself changed after 1933 when he left Frankfurt for England. Like many of the Weimar intellectuals, he had seen himself as part of a ' socially unattached intelligentsia ', analysing history but never part of it. His approach was historical, theoretical, and aloof, though the intellectual liberal in him believed he was part of a creative social force for the future. Meanwhile, history was to show that if the intelligentsia are to act as ' night watchmen ' as Mannheim wished, and since night watchmen are usually the first to detect the presence of intruders, they must learn to grapple with their assailants until help comes. This situation, once described by Julien Benda as ' La Trahison des clercs ', Mannheim experienced to the full and sought later to remedy. England taught him to be more pragmatic, and with this direct experience of social crisis he came to think more in terms of how to influence history. His experience in Germany gave an urgency to his teaching, and since he saw England moving towards a social crisis, he drew attention to those methods German sociologists, as a result of their longer experience of social crisis, had devised for the interpretation of complex general situations. The present volume contains three fruitful papers dealing with this aspect of his work with a comparison between German and Western sociology. Clinically speaking, his experience of a social crisis forced him to a ' here and now ' approach, with a consequent enrichment of his work.

For Mannheim social reality is the result of a dynamic interplay of forces, and antagonism and conflict are its very essence. Here he owes a great deal to Freud, as also in his insistence that the structure of social reality has meaning, is significant, and can be made intelligible. Mannheim believed that ' the clash of forces exhibits not a blind dynamism but goal directness. . . . The highest goal and greatest happiness of the individual consists in being in tune with the creative forces which are going on in the depths ' of social reality. Likewise he makes frequent use of the word ' adaptation ', but always in a dynamic sense and in terms of an interaction. Thus Mannheim, whilst following in the steps of Spencer, Marx, and Max Weber, was in touch with the dynamics of his own time.

This last fact is not least apparent in his attempt to relate sociology to other social sciences, and more particularly to psychology. To develop a ' sociological psychology ' he turned to Freudian psychoanalysis, but at times it seems he was over-anxious not to appear contaminated. As a sociologist he argued that ' the psychology of society is not a million times that of an individual ', and that ' we cannot jump straight from the general observations of individuals and their psychic mechanisms to the

analysis of society'. He takes the same line against Dr. Edward Glover in a paper included in this volume, 'War-conditioned Change in our Psychic Economy'. Although he stressed that a reciprocal process was at work between society and the individual, he viewed this process from the point of view of society, believing that gradual transformations in the individual were brought about by certain social mechanisms. Throughout, however, he remained external to the processes within the individual. In a paper 'Impact of Social Processes on the Formation of Personality' he considers some of these social mechanisms which transform the individual, for instance isolation, division of labour, democratic organization, competition and 'individualization'. He undoubtedly makes many important observations in 'Analytical Psychosociology', as for instance, about competition based on property; 'what the liberals do not understand, and what the Russians in spite of many failures have proved by experiment, is that competitiveness, acquisitiveness, and property sense are not in the least identical but rather an historical combination of attitudes united into one single complex in our society'. But on the more general problems of how the individual influences society or why certain interactions take place at one historical period and others at another: on all this we gain but little insight.

Mannheim in his sociology was always exercised by a fundamental question once expressed by Max Weber: Are freedom and democracy in the long run compatible with the development and the continued existence of capitalism? It seems that Mannheim never found a satisfactory answer to this problem, and to the psycho-analyst the nature of his difficulties is of interest. In the first place he never clearly differentiated between those social mechanisms which strengthen the super-ego and those which fortify the ego, to the impairment of his analysis of the problem of freedom. In general, too, he failed to understand the development of the super-ego and to distinguish between its primitive and persecutory forms, and its more mature ego-syntonic ones. Such difficulties arose from his rejection of the psycho-analytic emphasis on early childhood and from his belief that 'at least as much attention [should be devoted] to the capacity of institutions for influencing the psychic life of adults'. For an historian this sudden denial of an historical perceptive is remarkable.

More fundamentally Mannheim's brand of 'Historical Idealism' which owes much to Jean-Jacques Rousseau and his 'L'homme est né libre et partout il est dans les fers', does not take into account the Death Instinct with its attendant destructiveness. This prevents Mannheim from analyzing a situation where good objects are associated with pain, hatred, and death wishes. The final result is that he fails to understand the frequent outcome given to this situation, with the splitting of good and bad objects and the consequent projections assuming sociological forms.

P. M. Turquet.

The Sexually Adequate Female. By Frank S. Caprio. (New York: The Citadel Press, 1953. Pp. 219. $3.00.)

In this book the physical and emotional causes of sexual inadequacies, especially frigidity, in women are discussed; the measures to correct them are described, and suggestions are made and advice given on how to maintain happiness in the marital relationship.

With pleasant frankness, in readable style, the author fills a need in the literature of marital relations for laymen and doctors alike. He draws on a wide medical and psychiatric experience and analytical literature of the various schools of thought. Although Freud's ideas are given some respect the term 'Oedipus-complex' or '-problem' is strictly avoided. 'Electra-complex' is substituted for it, and it is a pity that the author has not made more use of Freud's *Three Essays on the Theory of Sex*. The excellent case material and the large variety of symptoms would have made a more coherent, more closely knit and clearer pattern.

M. Dale.

The Troubled Mind. By Beulah C. Bosselman. (New York: Ronald Press, 1953. Pp. 206. $3.50.)

This book presents to the lay reader an account of the disorders of personality, their origin and treatment.

The work falls into three parts. The first deals with emotional development from birth to maturity, and with the further adjustments thereafter until old age is reached. The second, clinical, part is devoted to accounts of the various forms of emotional maladjustment, neuroses, psychosomatic disorders and psychoses. In the third and final part the problems of treatment are discussed.

The book is a readable and succinct exposition of its subject. In the clinical section added interest is provided by a number of illuminating cases which are briefly described, though it is felt that these could have been fuller, as could also the sections dealing with the psychiatric disorders of the pre-adult years. In the chapter on treatment little mention is made of the very considerable amount of work being done in the psycho-analytic treatment of the psychoses, and the reader is left with the impression that physical methods of treatment (insulin coma and electro-shock) are the only ones available in these conditions.

There is a useful bibliography which might have been expanded with advantage.

J. J. M. Jacobs.

The American Sexual Tragedy. By Albert Ellis, Ph.D. (New York: Twayne, 1954. Pp. 288. $4.50.)

The thesis of this book seems to be that the

American sexual tragedy, which the author documents in so detailed and convincing a manner, is the outcome of what he calls ' taught ' or ' learned ' attitudes. These he deplores in that they sometimes require many hours of psychotherapy to correct.

His description of the hotch-potch of mutually contradicting laws of conduct which prevail in America could be applied equally well to Europe or to many other parts of the world.

Much that he says certainly needs saying and should be said, if only as a step towards a greater awareness of the amount of avoidable human suffering which exists in the complicated human relationships involved.

M. Burke.

Aggression and Its Interpretation. By Lydia Jackson, D.Phil., B.Sc. (Oxon.). (London: Methuen, 1954. Pp. 237. 21*s*.)

This book records the author's attempt ' to discover, through the study of aggressive behaviour in children, how the self-assertive urge, on which the survival of the individual depends, becomes deflected from creative to destructive ends, and how it is again re-directed into constructive channels '. Dr. Jackson claims to have successfully split the concept of aggression into positive and negative forms. Numerous examples of aggressive and destructive behaviour in neurotic, delinquent, and normal children are given, compared, and presented statistically. The author has devised a pictorial projection test of family attitudes, which is also described. She relies on this material to substantiate her conviction that there exists in the child a single instinctual urge, that of ' aggressive self-realization '. In her view there exists no dualism of instincts, and presumably therefore no possibility of the mitigation of hatred by love. Dr. Jackson believes that the child is not innately ' negatively ' aggressive but becomes so through rigid and unsympathetic handling, i.e. if its self-assertive urges are misdirected, especially owing to the conscious or unconscious negative attitudes of the mother. Notwithstanding all this the author's psychological vocabulary embraces many psycho-analytical terms and concepts. In view of this and since she is so interested in the study of aggression in children it is surprising that, although she refers to the ideas of many psychologists and psychoanalysts, she ignores the writings of Melanie Klein.

Frank Philips.

Psychological Reflections. An Anthology of the Writings of C. G. Jung. Selected and edited by Jolande Jacobi. (London: Routledge and Kegan Paul, 1953. Pp. xxvii + 342. 30*s*.)

This volume consists of a careful selection of some of the more pregnant passages in Jung's numerous works, and will thus appeal to such as find many of his writings tiresome to read owing to the unsystematic nature of his thought. The selected passages are more concerned with his conclusions than with the arguments upon which these are based; and they present a very good picture of his general point of view, philosophical no less than psychological. The selections are arranged in sections under comprehensive headings such as ' Consciousness and the Unconscious ' and ' Doctor and Patient '. The sections are of unequal value; and some are full of what appear to be arbitrary pronouncements—the prevailing atmosphere being rather that of the master instructing his pupils. That some of these pronouncements contain much wisdom is not to be gainsaid; and many provide a challenge to thought. Doubtless readers who hold the view that Jung's influence chiefly resides in his personality will be confirmed in their opinion. Be that as it may, all will agree that Jolandi Jacobi has performed a most efficient editorial task.

W. Ronald D. Fairbairn.

Patterns of Psychosexual Infantilism. By Wilhelm Stekel. Edited and with an introduction by Emil A. Gutheil. (London: Peter Nevill, 1953. Pp. 412. 18*s*.)

Readers of this Journal will be little interested in this book. It was originally published in 1922, though only the date of the present translation is given, and shows many of the less desirable characteristics of the popularizing writings of that date which were inspired by psycho-analysis. There are no editorial footnotes to indicate developments in psycho-analytic thought since that time, so that the lay reader is faced with such statements as: ' The Freudians point incessantly at the Oedipus Complex (the son's love of the mother) and neglect the homosexual component in the boy's rebellion against the father ' (p. 57) as though this represents current opinion, let alone being an accurate description of views held thirty years ago.

It is difficult to credit some of Stekel's utterances, as that ' I have nowhere seen evidence of any physical or psychological harm done by such early seductions of boys ' (p. 62). Yet the next paragraph informs the reader that ' Very often the first experience determines the individual's choice of a partner '; which is illustrated by the case of a thirteen-year-old boy who was later sexually potent only with women dressed in the same style as his seductress. This is confusing and, more seriously, misleading.

Noel Bradley.

NEWS, NOTES AND COMMENTS

A Bust of Sigmund Freud in the Arkadenhof of the University of Vienna

On 4 February, 1955, a bust of Sigmund Freud, the donation of Dr. Ernest Jones, was unveiled. Preceding this ceremony a congregation took place in the Auditorium Maximum of the University. After an opening speech by the Rector, Professor Dr. Hans Radon, the Dean of the Medical Faculty, Dr. Franz Brücke, brilliantly presented Freud's connection with the University. Dr. Hans Hoff, Professor of Neurology and Psychiatry, who inaugurated the erection of this memorial, described Freud's revolutionary influence on modern psychiatry and on the sciences in general. He was followed by Dr. E. Krapf, the delegate of the World Health Organization, and by Dr. Leo Bartemeier, who spoke on behalf of the American Medical Association, the American Psychiatric Association, and the American Psychoanalytic Association. Finally, Dr. Alfred Winterstein, President of the Vienna Psychoanalytic Association, recalled to the congregation how Freud, the man and the scientist, came to make those far-reaching discoveries which have become the foundation of the science of psychoanalysis.

The bust bears the inscription:
ὃς τὰ κλείν' αἰνίγματ' ἤδει καὶ κράτιστος ἦν ἀνήρ
(Greatest of men, he held the key to the deepest mysteries.)

On the evening preceding the unveiling a banquet took place, arranged by the Vienna Psycho-Analytic Society. Dr. Alfred Winterstein, who presided, welcomed the delegates from abroad, the head of the University Clinic of Neurology and Psychiatry, Dr. Hans Hoff, and the Director of the Museum of Art, Dr. E. Buschbeck. Messages of congratulation were received from the psychoanalytic organizations of Switzerland (Dr. Philip Sarasin), Germany (Dr. Carl Müller-Braunschweig), Great Britain (Dr. Sylvia Payne), Italy (Professor Perotti), Belgium (Dr. Lechat), France (Princesse Marie Bonaparte). Dr. Leo Bartemeier replied to the toast.

The Third International Congress on Criminology will be held in London from 12 to 18 September this year, under the chairmanship of Dr. Denis Carroll. Aspects of Recidivism (Statistics, Description, Causes, Prognosis, and Treatment) will be the main point of discussion. Address: 28 Weymouth Street, London, W.1, England.

Ernest Jones Lecture 1955

The Ernest Jones Lecture organized by the British Psycho-Analytical Society was delivered on 14 March in the Barnes Hall of the Royal Society of Medicine in London. Mr. John Wisdom, Fellow of Trinity College, Cambridge, spoke on *The Logic of the Unconscious*. The vote of thanks was proposed by Mr. Roger Money-Kyrle, Ph.D., and seconded by Miss Cecily de Monchaux, Ph.D.

Freud Anniversary Lecture 1955

The Fifth Freud Anniversary Lecture organized by the New York Psychoanalytic Institute and Society was delivered on 10 May, 1955. Mr. Lionel Trilling's subject was 'Freud and the Crisis of our Culture'. Dr. Ernst Kris introduced the speaker.

Honorary Memberships have recently been conferred on Miss Anna Freud by the New York Psychoanalytic Society and by the Nederlandse Vereenigung voor Psychiatrie en Neurologie.

Dr. H. G. Van der Waals, the former President of the Dutch Psycho-Analytical Society, has made arrangements to join the teaching staff of the Menninger Clinic, Topeka, Kansas.

Dr. W. Clifford M. Scott, formerly President of the British Psycho-Analytical Society and Director of the London Clinic of Psycho-Analysis, has been appointed Associate Professor in the Department of Psychiatry of McGill University, Montreal, Canada. He is in charge of the psycho-analytic training inaugurated by Dr. D. Ewen Cameron, Chairman of the Department of Psychiatry.

Drs. Hans Aufreiter and Dr. Friedl Aufreiter, of the Vienna Psycho-Analytical Society, have moved to Montreal, Canada, where they have joined Dr. W. Clifford M. Scott to establish psycho-analytic training at McGill University.

Dr. Lajos Levy and Mrs. Kata Levy, who quite recently obtained permission to leave Hungary, have settled in London and have been elected members of the British Psycho-Analytical Society and of the Institute of Psycho-Analysis, London. Dr. L. Levy was a founder-member of the Hungarian Psycho-Analytical Society (19 May, 1913) and Mrs. Kata Levy a member since 1928.

109TH BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

RUTH EISSLER, M.D., GENERAL SECRETARY

MEMBERS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

CORRECTIONS AND ADDITIONS

(See List of Members of the International Psycho-Analytical Association, 108th Bulletin, published in *Int. J. Psycho-Anal.*, **35**, pp. 455–498.)

P. 458 *Former Presidents*

1. *Change* Carl J. Jung *to:* Carl G. Jung.
2. „ (6th Congress, 1920): Prov. Pres. Ernest Jones.
3. „ (10th Congress, 1927): President Max Eitingon.

THE AMERICAN PSYCHOANALYTIC ASSOCIATION

1. *Members Elected December*, 1954

Altman, Leon L., M.D., 1 West 64th St., New York 23, N.Y.

Carter, James D., M.D., 2025 Eye St., N.W., Washington 6, D.C.

Console, William A., M.D., 24 East 94th St., New York 28, N.Y.

Gates, Phillip H., M.D., 51 Brattle St., Cambridge 38, Mass.

Hoedemaker, Edward D., M.D., The Northwest Clinic, 4033 East Madison St., Seattle 2, Wash.

Hollender, Marc H., M.D., 664 North Michigan Ave., Chicago 11, Ill.

Lipin, Theodore, M.D., 11 East 68th St., New York 21, N.Y.

Meyer, Bernard C., M.D., 240 East 62nd St., New York 21, N.Y.

Myerson, Paul G., M.D., 1093 Beacon St., Brookline, Mass.

Orens, Martin H., M.D., 89 Bayview Ave., Great Neck, N.Y.

Renneker, Richard, M.D., 664 North Michigan Ave., Chicago 11, Ill.

Rubinstein, Benjamin B., M.D., 350 Central Park West, New York 25, N.Y.

Silverman, Daniel, M.D., 269 South 19th St., Philadelphia 3, Pa.

Stewart, Walter A., M.D., 167 East 63rd St., New York 21, N.Y.

Waldhorn, Herbert F., M.D., 1040 Park Ave., New York 28, N.Y.

Zavitzianos, George, M.D., 1100 Berkshire Rd., Ann Arbor, Mich.

2. *Changes of Address in Alphabetical Listing*

Beckwitt, Morris C., M.D., 124 South Lasky Drive, Beverly Hills, Calif.

Binger, Carl, M.D., 21 Lowell St., Cambridge, Mass.

Caveney, Elmer, M.D., Dept. of Psychiatry, Med. College of Alabama, 1919 7th Avenue South, Birmingham 5, Ala.

Daltroff, Wilburta, M.D., 315 Central Park West, New York 24, N.Y.

Davidman, Howard, M.D., 4 East 89th St., New York 28, N.Y.

Fleming, Joan, M.D., 664 North Michigan Ave., Chicago 11, Ill.

Glauber, I. Peter, M.D., 121 Old Mamaroneck Rd., White Plains, N.Y.

Kaplan, Alex Hillier, M.D., 4652 Maryland Ave., St. Louis 8, Mo.

Kelley, Kenneth, M.D., 40 East 68th Street, New York 21, N.Y.

Krimsley, Joseph M., M.D., 300 East 57th St., New York 22, N.Y.

Lomas, Jack B., M.D., 427 North Camden Drive, Beverly Hills, Calif.

Merrill, Bruce R., M.D., 450 Sutter Place, San Francisco 8, Calif.

Sugar, Carl, M.D., 427 North Camden Drive, Beverly Hills, Calif.

Tarachow, Sidney, M.D., 123 East 80th St., New York 21, N.Y.

Weyl, Simon, M.D., 1140 Fifth Ave., New York 28, N.Y.

P. 466. *Please correct name to:*

Oxman, Morris F., M.D., 2025 Eye St., N.W., Washington 6, D.C.

SOUTH AMERICA

ARGENTINE PSYCHOANALYTIC ASSOCIATION

(*Asociacion Psicoanalitica Argentina*)

1. *Changes of Address*

P. 469

Garma, Dr. Angel,[1] Av. Lib. General San Martin 2392, Buenos Aires.

Garma, Mrs. Elisabeth Goode de, Av. Lib. General San Martin 2392, Buenos Aires.

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Schlossberg, Dr. Teodoro (Assoc. Member), Virrey Melo 2472, Buenos Aires.

2. *Add to the List of Associate Members*

Amici Di San Leo, Dr. Gino, Santa Fe 2892, Buenos Aires.

Gonzalez, Dr. Aveline, Billinghurst 2335, Buenos Aires.

Weil, Dr. Jorge, Callao 2006, Buenos Aires.

CHILEAN PSYCHOANALYTIC SOCIETY

Changes of Address

P. 470

Whiting, Dr. Carlos,[2] Ismeal Valdes, Vergara 326, 7 piso, Dept. B, Santiago, Chile.

Lizarazo, Dr. Arturo, Carrero 7a 2130, Bogota, Colombia.

Matte, Dr. Ignacio, Victoria Subercaseaux 299, Santiago, Chile.

Also, please change:

de Lanas, Dr. Adelaida Segovia, Brown Sur 366

to

Segovia, M. Dra Adelaida, El Bosque 2048, Santiago, Chile.

Please correct the name:

Bondek de Guzman, Dr. Erica (and not ' Bondiek ').

EUROPE AND ASIA

BELGIAN PSYCHO-ANALYTICAL ASSOCIATION

(*Association des Psychanalystes de Belgique*)

1. *Add to the List of Membres Effectifs*

Jacobs-van Merlen, 124 rue Berkendael, Bruxelles.

Martin-Flagey, Mme. le Dr. D., 94 Avenue Brugman, Bruxelles.

2. *Corrections of Names*

P. 471

Dugautiez, Mr. M. (not Dugaitiez).

Lechat, Mme. C.

3. *Change of Address*

P. 471

Mannoni-van der Spoel, Mme. M., 31 Avenue Ferdinand Buisson, Paris XVI°, France.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Change of Address

P. 471

Frankl, Dr. L., 59/60 Belsize Park, Flat 4, London, N.W.3.

DUTCH PSYCHO-ANALYTICAL SOCIETY

(*Nederlandse Vereeniging voor Psychoanalyse*)

Change of Address

P. 474

Versteeg-Solleveld, C. M., M.D., Kon. Wilhelminalaan 2, Amersfoort.

FRENCH PSYCHO-ANALYTICAL SOCIETY

(*Société Psychanalytique de Paris*)

1. *Change of President*

P. 474

Cenac, Dr. Michel, 4 rue de Babylone, Paris VII°.

2. *Revised List of Members*

Membres d'Honneur

Freud, Miss Anna, 20 Maresfield Gardens, London, N.W.3, England.

Jones, Dr. Ernest, The Plat, Elsted, Nr. Midhurst, Sussex, England.

Membres Titulaires

Benassy, Dr. Maurice, 4 rue de l'Odéon, Paris VI°

Berge, Dr. André, 110 avenue du Roule, Neuilly. s/ Seine.

Bonaparte, Mme. Marie, 7 rue du Mont-Valérien, Saint-Cloud (S. & O.).

Bouvet, Dr. Maurice, 17 rue Jean Mermoz, Paris VIII°.

Cenac, Dr. Michel, 4 rue de Babylone, Paris VII°.

Diatkine, Dr. René, 30 rue de Miromesnil, Paris VIII°.

Fain, Dr. Michel, 32 rue Caumartin, Paris IX°.

Favreau, Dr. Jean, 10 rue du Bac, Paris VII°.

Grunberger, Dr. Bela, 33 rue du Champ de Mars, Paris VII°.

Held, Dr. R., 99 avenue Raymond Poincaré, Paris XVI°.

Hesnard, Dr. A., 47 littoral Frédéric Mistral, Toulon (Var).

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[1] To be corrected under ' President ' and also in alphabetical listing.

[2] Please make this correction under ' Business Secretary ' and also in the alphabetical listing.

Laurent Lucas Championnière, Dr. O. (Mme. le), 10 rue de l'Odéon, Paris VI°.
Lebovici, Dr. Serge, 3 avenue du Président Wilson, Paris XVI°.
Male, Dr. Pierre, 6 rue de Bellechasse, Paris VII°.
Mallet, Dr. Jean, 8 rue Charles Divry, Paris XIV°.
Marty, Dr. Pierre, 22 Boulevard Barbès, Paris XVIII°.
Nacht, Dr. Sacha, 80 rue Spontini, Paris XVI°.
Pasche, Dr. Francis, 1 rue de Prony, Paris XVII°.
Renard, Dr., 1 place des Victoires, Paris II°.
Sauguet, Dr. H., 34 rue du Ranelagh, Paris XVI°.
Schlumberger, Dr. Marc, 17 avenue Théophile Gautier, Paris XVI°.
Socarras, Dr. José, Calle 21—No. 622, A. 203, Bogota, Colombia.

Membres Adhérents

Barajas Castro, Dr., Elba 9-i, Mexico 5, D.F., Mexico.
Bayet, Dr., 234 rue J. B. Charcot, Courbevoie (Seine).
Berman, Mlle. Anne, 50 rue Pergolèse, Paris XVI°.
Boulanger, Dr. J. B., 4050 Chemin de la Côte Sainte Catherine, Montreal 26, Canada.
Breuer, Dr. Elsa, 5 rue d'Arcole, Paris IV°.
Chentrier, M. Th., 768 Côte Ste Catherine, Montreal, Canada.
Courchet, Dr. J. L., 3 square du Bois de Boulogne, Paris XVI°.
Dauphin, Dr. Andrée (Mme. le), 24 rue Gay-Lussac, Paris V°.
Dreyfus-Moreau, Dr. L. (Mme. le), 16 rue de Sèvres, Paris VII°.
Eliet, Dr. J. (Mlle. le), 53 rue de la Tour, Paris XVI°.
Embericos, Dr., 8 rue Enianos, Athens, Greece.
Favez, M. G., 29 rue Descartes, Paris.
Féibel, Mme. Charlotte, 7 West 96th St., New York 25, N.Y., U.S.A.
Finkelstein, Dr., 15 rue Guy Moquet, Paris XVII°.
Hoesli, Dr. H., 90 rue du Bac, Paris VI°.
Jones, Mme. L., 22 rue Delambre, Paris VI°.
Kestenberg, Mme. E., 6 rue Friand, Paris XIV°.
Kestenberg, Dr. J., 6 rue Friand, Paris XIV°.
Kouretas, Dr., 20 rue Homère, Athens, Greece.
Labrecque, Dr. J. P., Hôtel Dieu de Montréal, 3840 rue St. Urbain, Montreal 18, Canada.
Laforgue, Mme. Paulette, 82 rue Lafontaine, Paris XVI°.
Leulier, Dr. Hélène, 7 allée des Bocages, Le Vésinet (Seine and Oise).
Luquet, Dr. P., 54 rue de la Bienfaisance, Paris VIII°.
Luquet-Parat, Dr. (Mme le), 54 rue de la Bienfaisance, Paris VIII°.
Marette, Dr. Ph., 11 rue de Bellechasse, Paris VII°.
Mauco, M. G., 1 Square Alfred Capus, Paris XVI°.
Parres, Dr. Ramon, Victor Hugo 76 C, Mexico, D.F., Mexico.
Pierre, Prince de Grèce, 7 rue du Mont-Valèrien, Saint-Cloud (Seine and Oise).
Ramirez, Dr. Santiago, Publa 249 3, Mexico, D.F., Mexico.
Riete, Dr. E., Institute Psych. di Gruliasco, Turin, Italy.
Shentoub, M. A., 24 rue Raynouard, Paris XVI°.
Williams, Mrs. M., 26 avenue Marceau, Paris VIII°.
Zavitzianos, Dr. George, Veterans' Readjustment University Hosp., 1100 Berkshire Rd., Ann Arbor, Michigan, U.S.A.
Ziwar, Dr. M., 20 rue Saray el Gesira, Zamalek, Cairo, Egypt.

Membres Associes

Carcamo, Dr. Celes Ernesto, Callac 1565, Buenos Aires, Argentina.
Dugautiez, M. M., 101 rue Emile Banning, Bruxelles, Belgium.
Guex, Mme., 54 avenue de Beaumont, Lausanne, Switzerland.
Lechat, M. F., 118 rue Froissart, Bruxelles, Belgium.
Repond, Dr., Malevoz, Monthey, Switzerland.

GERMAN PSYCHO-ANALYTICAL ASSOCIATION

(*Deutsche Psychoanalytische Vereinigung*)

Add to the List of Members

Dr. Horst-Eberhardt Richter. (Address not known.)

ITALIAN PSYCHO-ANALYTICAL SOCIETY

(*Società Psicoanalitica Italiana*)

1. *Add to the List of Members*

Balconi, Dr. Marcella, Ospedale Maggiore, Novara.
Bartoleschi, Dr. Benedetto, Via V. Borghesi 3, Roma.
Corti, Dr. Adda, Via dei Greci 6, Roma.
Fajrajzen, Dr. Stefano, 593 Powel St., Brooklyn, N.Y., U.S.A.
Fornari, Dr. Franco, Via Carroccio 18, Milano.
Ossicini, Dr. Adriano, Via di Porta Lavernale 20, Roma.
Pontani Mayer, Dr. Fulvia, Via Chiana 38, Roma.
Sigurta, Dr. Renato, Corso Sempione I, Milano.
Veltri, Dr. Piero, Via Gomez 5, Milano.

2. *Add to the List of Associate Members*

Barbieri, D., Ville Turro, Via Prinetti 29, Milano.
Berrini, Dr. Maria Elvira, Via Sassetti 10, Milano.
Ciprandi, Dr. Franco, Via Venini I, Milano.
Morra, Dr. Mauro, Via Diomede 40, Milano.
Emanuele, Dr. Vittorio, Corso di Porta Nuova 4, Milano.

3. *The following having become Full Members, their names should be deleted from the List of Associate Members*

Bartoleschi, Dr. Benedetto.
Ossicini, Dr. Adriano.
Pontani Mayer, Dr. Fulvia.

VIENNA PSYCHO-ANALYTICAL ASSOCIATION

(*Wiener Psychoanalytische Vereinigung*)

1. *Changes of Address in Alphabetical Listing of Members*

P. 478

Aufreiter, Dr. Friedl, 1290 Pine Avenue West, Montreal, Canada.

Aufreiter, Dr. Hans, 1290 Pine Avenue West, Montreal, Canada.

Hollwarth, Dr. Gertrude, Rue Dona Veridiana 28, São Paolo, Brasil.

Ticho, Dr. Ernst, Menninger Foundation, Topeka, Kansas, U.S.A.

2. *Add to the List of Associate Members*

Becker, Dr. Alois, Vienna IX, Maria-Theresien Strasse 19.

3. *Change of Address* (*Associate Member*)

P. 478

Toman, Dr. Walter, Brandeis University, Waltham, Mass., U.S.A.

SENDAI PSYCHO-ANALYTICAL SOCIETY

Please add the name of recently elected President

P. 480

Kosawa, Dr. Heisaku, Psychoanalytic Hospital, 608/3 Den En-chofu, Ota-ku, Tokyo, Japan.

AFFILIATE SOCIETIES OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION

ASSOCIATION FOR PSYCHOANALYTIC MEDICINE

P. 481. *New Address*

130 Central Park South, New York 19, N.Y.

BALTIMORE PSYCHOANALYTIC SOCIETY

Please add the following name to the list of Active Members and delete from the list of Associate Members

P. 483

Oxman, Morris F., M.D., 2025 Eye Street, N.W., Washington 6, D.C.

THE BOSTON PSYCHOANALYTIC SOCIETY

P. 484. *Please list*

*Myerson, Paul, M.D., 1093 Beacon St., Brookline, Mass.

CHIGACO PSYCHOANALYTIC SOCIETY

Changes of Address

P. 485

Emch, Minna, M.D., 2708 North Lakeview Avenue, Chicago 14, Ill.

Kaplan, Alex, M.D., 4652 Maryland Avenue, St. Louis 8, Mo.

LOS ANGELES PSYCHOANALYTIC SOCIETY

1. *New Address*

P. 487

344 North Bedford Drive, Beverly Hills, Calif.

2. *Add to the list of Active Members*

*Beckwitt, Morris C., M.D., 124 South Lasky Drive, Beverly Hills, Calif.

*Shiell, Jerome A., M.D., 450 North Bedford Drive, Beverly Hills, Calif.

*Sugar, Carl, M.D., 427 North Camden Drive, Beverly Hills, Calif.

*Tausend, Helen, M.D., 6333 Wilshire Blvd., Los Angeles 48, Calif.

*Thickstun, James T., M.D., 850 Prospect St., La Jolla, Calif.

*Tidd, Charles W., M.D., UCLA Medical School, Dept. of Psychiatry, Los Angeles 24, Calif.

*Van der Heide, Carel, M.D., 9730 Wilshire Blvd., Beverly Hills, Calif.

*Vatz, Jack A., M.D., 360 North Bedford Drive, Beverly Hills, Calif.

3. *The following, having become Full Members, their names should be deleted from the list of Associate Members*

Shiell, Jerome A., M.D.
Sugar, Carl, M.D.
Tausend, Helen, M.D.
Tidd, Charles W., M.D.
Van der Heide, Carel, M.D.
Vatz, Jack A., M.D.

4. *Active Members: Corrections of spelling and changes of address*

*Crutcher, Roberta, M.D. (instead of Crutscher).

*Futterman, Samuel, M.D., 415 North Camden Drive, Beverly Hills, Calif.

*Lomas, Jack B., M.D., 427 North Camden Drive, Beverly Hills, Calif.

5. *Also please list the names of*

*Harrison, Lyman L., M.D.

*Lewy, Ernst, M.D.

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* Member of the American Psychoanalytic Association and therefore of the International Psycho-Analytical Association.

THE NEW YORK PSYCHOANALYTIC SOCIETY

1. *Honorary Members*

P. 488. *Correct:*

Brill, K. Rose (Dr.), 88 Central Park West, New York 23, N.Y.

2. *Active Members*

Please add:

*Kelley, Kenneth, M.D., 40 East 68th St., New York 21, N.Y.

3. *Change of Address*

P. 491

*Tarachow, Sidney, M.D., 123 East 80th St., New York 21, N.Y.

SAN FRANCISCO PSYCHOANALYTIC SOCIETY

Active Members: Change of Address

P. 493

*Barrett, William G., M.D., 240 Stockton St., San Francisco 8, Calif.

THE SOCIETY FOR PSYCHOANALYTIC MEDICINE OF SOUTHERN CALIFORNIA

P. 495. *Please list:*

*Pumpian-Mindlin, E., M.D., 201 South Kingsley Drive, Los Angeles 4, Calif.

instead of:

Mindlin, Eugene P., M.D.

THE AMERICAN PSYCHOANALYTIC ASSOCIATION

Members Elected May 1955

Bruce Buchenholz, M.D., 3 East 71st Street, New York 21, N.Y.

Margaret Craighill, M.D., 220 Lawrence Street, New Haven 11, Connecticut.

Stanley Eldred, M.D., 7710 Granada Drive, Bethesda, Maryland.

Leon Ferber, M.D., 2025 Eye Street, N.W., Washington 6, D.C.

Martin J. Gerson, M.D., 955 Park Ave., New York 28, N.Y.

George Kriegman, M.D., 1805 Monument Ave., Rm. 614, Richmond 20, Virginia.

Milton Malev, M.D., 67 East 82nd St., New York 28, N.Y.

Alastair MacLeod, M.D., Mental Hygiene Institute, 531 Pine Ave. West, Montreal, P.Q., Canada.

Samuel H. Ruskin, M.D., 1306 David Broderick Tower, Detroit 26, Michigan.

Jerome A. Shiell, M.D., 450 North Bedford Drive, Beverly Hills, California.

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* Member of the American Psychoanalytic Association and therefore of the International Psycho-Analytical Association.

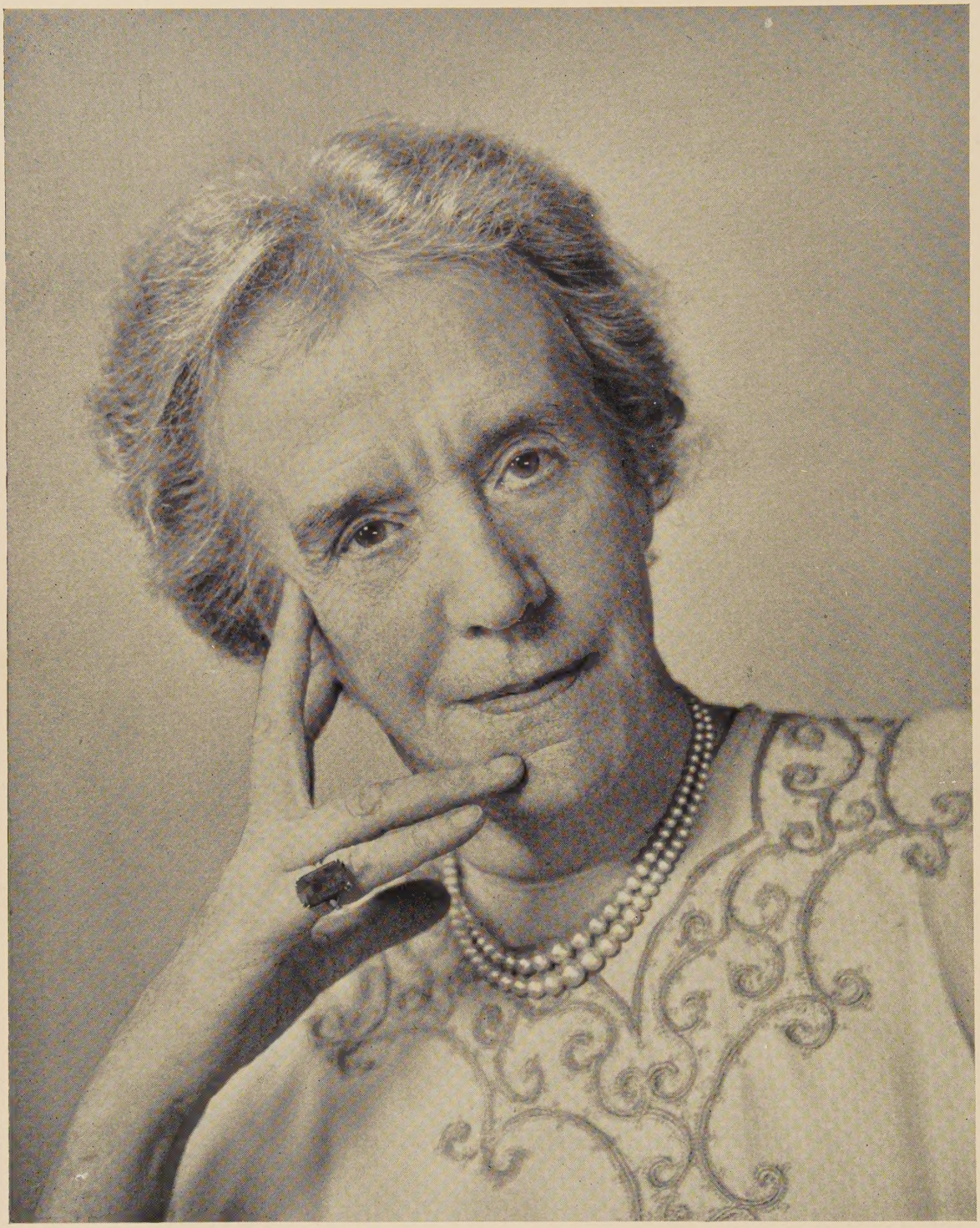

Photo : Lotte Meitner-Graf, A.R.P.S.

DR. SYLVIA PAYNE

TO

SYLVIA MAY PAYNE

ON THE OCCASION OF HER SEVENTY-FIFTH BIRTHDAY

For reasons intrinsic in its approach psycho-analysis—unlike other branches of scientific organization—has been spared a struggle for the emancipation of our women colleagues. Thanks to the pioneering spirit of the early psycho-analysts there has emerged a galaxy of women analysts whose brightness radiates into every corner of our work.

Among British psycho-analysts there is no other woman member who has endeared herself to all her colleagues as much as Dr. Sylvia Payne has done. The advent of her seventy-fifth birthday offers an opportunity to give public expression to our feelings of admiration and gratitude for her work as a clinician, as a teacher of and contributor to the science of psycho-analysis, and above all as an organizer and conductor of our scientific and professional affairs.

For well over thirty years Dr. Sylvia Payne has been a devoted, tireless and wise counsellor to our Society. It was soon after the First World War, when she had relinquished the post of Commandant and Medical Officer in Charge of the Torquay Red Cross Hospital, and had just been honoured by the title of Companion of the British Empire, that she joined the British Psycho-Analytical Society and trained with James Glover and Hanns Sachs. Back in England and reunited with her husband and her growing children, she helped more and more actively to shape the British Psycho-Analytical Society and Institute, discharging in the course of time with exemplary skill, conscientiousness, and consummate tact all the offices the Society and Institute can entrust to its members.

Among her scientific contributions, ' A Conception of Femininity ' and ' Some Observations on Ego Development of the Fetishist ' are outstanding examples of her searching mind and its integrative qualities.

Called upon in 1944 to preside over the Society at a time of internal crisis, she soon proved her success in combining the traditional British realism, firmness, and genius for compromise with a deep appreciation of psycho-analysis both as a science and as a therapeutic discipline. In the British Psycho-Analytical Society Dr. Sylvia Payne represents stability, constancy, and *noblesse*; and yet whenever necessary she is an ardent advocate of freedom of thought. Although not much given to speculation she willingly lets herself be guided into it, never failing to show the way back from its darkness into the light of reality. Her clinical work is outstanding, and she enjoys the highest repute among students as well as among those who are in need of help.

Old and young in the British Psycho-Analytical Society join together to wish Dr. Sylvia Payne well on this occasion and to thank her for all that she has done in the past and will do in the future for psycho-analysis.

W. HOFFER.

THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

Vol. XXXVI 1955 Part 6

ON THE USE OF THE PSI HYPOTHESIS IN PSYCHO-ANALYSIS[1]

By JULE EISENBUD, Denver, Colorado

A new concept usually has trouble making its way into the marrow of an empirical science. It cannot be appreciated all at once as an abstract principle applicable to a general class of data but has to be ' worked through ' in a thousand concrete instances before it begins to take hold as part of the ego, so to speak, of the science.

Emotional resistances are always to some degree responsible for the difficulties encountered by an unfamiliar concept. In the case of what has come to be called the psi hypothesis this is particularly evident, and there are indeed good grounds for it. But such resistances obviously cannot be handled while confusion and obscurity still prevail on the logical side of the picture; and this, unfortunately, is still true of the psi hypothesis the minute it is taken out of the laboratory, where pretty demonstrations can be arranged under conditions of experimental isolation and control, and left to fend for itself in the rough and tumble of life in the raw. Here a major difficulty arises when people demand that ' psi ', which must necessarily now travel under the incognito and in the crude garments of the itinerant postulate, still reveal itself with its clear and unsmudged laboratory visage before they will open their doors to it. But this is no more possible in the case of psi than in the case of any construct which leads the double life of demonstrable ' fact ' in the laboratory and hypothesis looking for work on the outside. Unfortunately, moreover, psi is in the class of construct-facts (along with ' the unconscious ' and ' evolution ') that are burdened with the peculiarity of having nothing about them which sets geiger counters clicking or causes litmus paper to change colour; it is recognizable only by the fact of the work it can do when given a trial.

In the following account of certain events the psi hypothesis will be given a modest job to do. Whether it acquits itself as well as or better than other hypotheses which also can be brought in on probation can perhaps never be decisively settled, what with the nature of the material and the circumstances of its development. About this we shall have a word to say later. Suffice it that there are grounds, which I trust will become plain, for psi to be considered at all.

Now to the details.

A man of fifty-five, approaching the termination of his analysis, one day reported an experience of the morning which filled him with awe and gave him a tremendous sense of exhilaration. He had awakened early with a strange feeling of certainty that when he went out to the park he would somehow see a rare bird called the Worm-eating Warbler. He recalled nothing definite by way of dreams, and was not sure but that this feeling was not part of a dream he had had just as he awoke.

As the patient dressed and prepared to go out he was unable to shake the inner certainty of imminent destiny which had taken possession of him, although as a highly expert, semi-professional ornithologist and bird-watcher he was aware that the probabilities were overwhelmingly against his seeing the bird in question and almost excluded the possibility of his so doing. He knew perfectly well that the Worm-eating Warbler, a very distinctive bird with well-known habits, was to be seen in New York's Central Park on only one or rarely two consecutive days a year as it stopped briefly during the course of its annual seasonal migration from South America to its nesting grounds in New Jersey. Some years it would not appear at all. Usually only one or at the most two of these birds would be reported seen on these days and then nothing more would be seen of them until the following

[1] Read before the West Coast Psychoanalytic Societies on October 30, 1955.